

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000116368

**Entity Name:** NUTRA STAR, LLC

**Current Principal Place of Business:**

7018 A C SKINNER PARKWAY  
STE 230  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7018 A C SKINNER PARKWAY  
STE 230  
JACKSONVILLE, FL 32256

**FEI Number:** 85-3908947

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAWGRASS NUTRA LABS, LLC  
7018 A C SKINNER PARKWAY  
STE 230  
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAWGRASS NUTRA LABS, LLC  
Address 7018 A C SKINNER PARKWAY, STE  
230  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY WARD

MGR

01/09/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date