## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000346179

**Entity Name: EXECUTIVE NUTRITION LLC** 

**Current Principal Place of Business:** 

815 N HOMESTEAD BLVD # 503 HOMESTEAD, FL 33030-5024

**Current Mailing Address:** 

815 N HOMESTEAD BLVD # 503 HOMESTEAD. FL 33030-5024 US

FEI Number: 88-3627170 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, GABRIEL 815 N HOMESTEAD BLVD # 503 HOMESTEAD, FL 33030-5024 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: GABRIEL FERNANDEZ 03/06/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name FERNANDEZ, GABRIEL Name PRIETO, DILEIMYS

Address 815 N HOMESTEAD BLVD # 503 Address 815 N HOMESTEAD BLVD # 503
City-State-Zip: HOMESTEAD FL 33030-5024 City-State-Zip: HOMESTEAD FL 33030-5024

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.

FILED Mar 06, 2024

**Secretary of State** 

3669989123CR

Date