

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000376091

**Entity Name:** NEEK SUPPLEMENT LLC

**Current Principal Place of Business:**

1289 SW 113TH WAY  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

1289 SW 113TH WAY  
PEMBROKE PINES, FL 33025 US

**FEI Number:** 93-2869599

**Certificate of Status Desired:** No

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

CORONEL, GABRIEL  
1289 SW 113TH WAY  
PEMBROKE PINES, FL 33025 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            AMBR  
Name            CORONEL, GABRIEL SR  
Address        1289 SW 113TH WAY  
City-State-Zip: PEMBROKE PINES FL 33025

Title            AMBR  
Name            LIMA, CHRISTINA SRA  
Address        1289 SW 113TH WAY  
City-State-Zip: PEMBROKE PINES FL 33025

*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:** GABRIEL CORONEL

**PRESIDENT**

**02/06/2025**

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

\_\_\_\_\_  
Date