

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000376091

**Entity Name:** NEEK SUPPLEMENT LLC

**Current Principal Place of Business:**

525 CAMPUS ST.  
CELEBRATION, FL 34747

**Current Mailing Address:**

525 CAMPUS ST.  
CELEBRATION, FL 34747

**FEI Number:** 93-2869599

**Certificate of Status Desired:** No

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

CORONEL, GABRIEL  
851 NE 1ST AVE.  
3708  
MIAMI, FL 33132 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	Title	AMBR
Name	CORONEL, GABRIEL SR	Name	LIMA, CHRISTINA SRA
Address	851 NE 1ST AVE.	Address	851 NE 1ST AVE.
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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**

**02/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date