

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000095646

**Entity Name:** EMBODY FITNESS AND WELLNESS STUDIO, LLC

**Current Principal Place of Business:**

2345 BEE RIDGE ROAD  
SUITE 5  
SARASOTA, FL 34239

**Current Mailing Address:**

2345 BEE RIDGE ROAD  
SUITE 5  
SARASOTA, FL 34239

**FEI Number:** 20-5638613

**Certificate of Status Desired:** No

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

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS  
2345 BEE RIDGE ROAD  
SUITE 5  
SARASOTA, FL 34239 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	Title	MGR
Name	QUIGLEY, THOMAS E	Name	QUIGLEY, KELLY SNYDER E
Address	2345 BEE RIDGE ROAD	Address	2345 BEE RIDGE ROAD
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

*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:** THOMAS E. QUIGLEY

**MGR**

**06/13/2017**

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

\_\_\_\_\_  
Date