

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012593

**Entity Name:** WILL POWER FITNESS LLC

**Current Principal Place of Business:**

2442 WEST MISSISSIPPI AVE  
UNIT 11  
TAMPA , FL 33629

**Current Mailing Address:**

2442 WEST MISSISSIPPI AVE  
UNIT 11  
TAMPA, FL 33629 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SHILLITO, WILLIAM  
2442 WEST MISSISSIPPI AVE  
UNIT 11  
TAMPA, FL 33629 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 SHILLITO, WILLIAM  
Address 2442 WEST MISSISSIPPI AVE  
UNIT 11  
City-State-Zip: TAMPA FL 33629

*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:** WILLIAM SHILLITO

MGR

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date