

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000121678

**Entity Name:** CROSSFIT TARPON SPRINGS, LLC

**Current Principal Place of Business:**

37490 U.S. HIGHWAY 19N  
PALM HARBOR, FL 34684

**Current Mailing Address:**

37490 U.S. HIGHWAY 19N  
PALM HARBOR, FL 34684 US

**FEI Number:** 46-3532126

**Certificate of Status Desired:** No

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

EDWARDS, STEVEN C  
1555 HILLVIEW LN  
TARPON SPRINGS, FL 34689 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 MGRM  
Name CASSIDY, JAMES  
Address 14730 BLUESTONE LANE  
City-State-Zip: ODESSA FL 33556

Title MGRM  
Name EDWARDS, STEVEN  
Address 1555 HILLVIEW LN  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM  
Name HOWE, DAVID B  
Address 3118 FORSYTHIA DR  
City-State-Zip: ODESSA FL 33556

*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:** DAVID B HOWE

MANAGING DIRECTOR

02/06/2021

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

\_\_\_\_\_ Date