

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000173606

**Entity Name:** D. ROBIN FITNESS, LLC.

**Current Principal Place of Business:**

1915 LAKEMONT AVE #234  
ORLANDO, FL 32814

**Current Mailing Address:**

1915 LAKEMONT AVE #234  
ORLANDO, FL 32814 US

**FEI Number:** 46-4372585

**Certificate of Status Desired:** No

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

ROBIN, DANA  
1915 LAKEMONT AVE #234  
ORLANDO, FL 32814 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 ROBIN, DANA  
Address 1915 LAKEMONT AVE #234  
City-State-Zip: ORLANDO FL 32814

*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:** DANA ROBIN

MGRM

04/23/2018

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

\_\_\_\_\_ Date