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. 01/23/2024

SIGNATURE: NATASHA DENOFA

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000060876

Entity Name: CROSSFIT HAVOC, LLC

### **Current Principal Place of Business:**

801 7TH AVE W BRADENTON, FL 34205

# **Current Mailing Address:**

5889 BUNGALOW GROVE CT PALMETTO, FL 34221 US

# FEI Number: 46-5436025

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DENOFA, JAMES 5889 BUNGALOW GROVE CT PALMETTO, FL 34221 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:

Authorized Person(s) Detail : Title AMBR Title AMBR DENOFA, NATASHA Name DENOFA, JAMES Name 5889 BUNGALOW GROVE CT Address 5889 BUNGALOW GROVE CT Address

City-State-Zip: PALMETTO FL 34221 City-State-Zip: PALMETTO FL 34221

Certificate of Status Desired: No

FILED Jan 23, 2024 Secretary of State 7496715591CC

Date

OWNER

Date