

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000120716

**Entity Name:** PILATES CENTER OF WINTER GARDEN LLC

**Current Principal Place of Business:**

311 SOUTH MAIN ST.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

311 SOUTH MAIN ST.  
WINTER GARDEN, FL 34787 US

**FEI Number:** 32-0448773

**Certificate of Status Desired:** No

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

HOLLISTER, SUSAN  
311 SOUTH MAIN ST.  
WINTER GARDEN, FL 34787 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	Title	AUTHORIZED MEMBER
Name	HOLLISTER, SUSAN	Name	ALTON HOLLISTER
Address	311 SOUTH MAIN ST.	Address	86 CENTRAL ST
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	BYFIELD MA 01922

*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:** SUSAN HOLLISTER

**MANAGER**

**01/19/2018**

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

\_\_\_\_\_  
Date