# 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.

MANAGER

SIGNATURE: SUSAN HOLLISTER

Electronic Signature of Signing Authorized Person(s) Detail

2022 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

## 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

#### Authorized Person(s) Detail :

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

Certificate of Status Desired: No

Date

# 01/09/2022

FILED Jan 09, 2022 Secretary of State 1760525162CC

Date