

**2020 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            AMBR  
Name            HOLLISTER, SUSAN  
Address        311 SOUTH MAIN ST.  
City-State-Zip: WINTER GARDEN FL 34787

Title            AMBR  
Name            HOLLISTER, ALTON  
Address        86 CENTRAL ST  
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

**OWNER**

**01/08/2020**

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

\_\_\_\_\_  
Date