

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000042196

**Entity Name:** FITLIFE CULINARY SOUTH, LLC

**Current Principal Place of Business:**

1511 N. WEST SHORE BLVD.  
SUITE 700  
TAMPA, FL 33607

**Current Mailing Address:**

1511 N. WEST SHORE BLVD.  
SUITE 700  
TAMPA, FL 33607 US

**FEI Number:** 47-3393344

**Certificate of Status Desired:** No

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

ROBBINS, MICHAEL H  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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 MGR  
Name OSTERWEIL, DAVID  
Address 1511 N. WEST SHORE BLVD.  
SUITE 700  
City-State-Zip: TAMPA FL 33607

*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:** DAVID OSTERWEIL

**MANAGER**

**05/08/2020**

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

\_\_\_\_\_ Date