

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000122275

**Entity Name:** DOCTOR'S WEIGHT TIME FITNESS, LLC

**Current Principal Place of Business:**

6420 NORTH 9TH AVE  
B  
PENSACOLA, FL 32504

**Current Mailing Address:**

6420 NORTH 9TH AVE  
B  
PENSACOLA, FL 32504

**FEI Number:** 47-4698578

**Certificate of Status Desired:** No

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

MILLER, DAVID E  
6420 NORTH 9TH AV  
A  
PENSACOLA, FL 32504 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 THE DAVID E. MILLER REVOCABLE LIVING TRUS  
Address 6420 N 9TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title MGR  
Name MILLER, DAVID E  
Address 6420 NORTH 9TH AVE  
City-State-Zip: PENSACOLA FL 32504

*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 E MILLER DO

**OWNER/MANAGER**

**04/27/2018**

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

\_\_\_\_\_  
Date