

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000181903

**Entity Name:** SELF IMPROVEMENT FITNESS LLC.

**Current Principal Place of Business:**

6441 S CHICKASAW TRAIL SUITE/ 127  
ORLANDO, FL 32829

**Current Mailing Address:**

6441 S CHICKASAW TRAIL SUITE/ 127  
ORLANDO, FL 32829 US

**FEI Number: 82-0901053**

**Certificate of Status Desired: No**

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

CHALMERS, TRUXTON J  
6441 S CHICKASAW TRAIL SUITE/ 127  
ORLANDO, FL 32829 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 CHALMERS, TRUXTON J

Address 6441 S CHICKASAW TRAIL SUITE/ 127

City-State-Zip: ORLANDO FL 32829

*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: CHALMERS, TRUXTON J**

**MANAGER**

**04/24/2023**

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

\_\_\_\_\_  
Date