

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000228288

**Entity Name:** DRIP DROP FITNESS, LLC

**Current Principal Place of Business:**

307 N ADAMS ST.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

307 N ADAMS ST.  
TALLAHASSEE, FL 32301 US

**FEI Number: 81-4764684**

**Certificate of Status Desired: No**

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

CALENBERG, SUMMER  
3810 BUCK LAKE RD.  
J-1008  
TALLAHASSEE, FL 32317 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 CALENBERG, SUMMER  
Address 3810 BUCK LAKE RD.  
J-1008  
City-State-Zip: TALLAHASSEE FL 32317

*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: SUMMER CALENBERG**

**OWNER**

**04/06/2018**

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

\_\_\_\_\_  
Date