

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000101495

**Entity Name:** SHINE ON FITNESS, LLC

**Current Principal Place of Business:**

4040 SE 39TH CIR  
OCALA, FL 34480

**Current Mailing Address:**

4040 SE 39TH CIR  
OCALA, FL 34480 US

**FEI Number:** 82-5372104

**Certificate of Status Desired:** No

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

MORRISON, MEGAN N  
4040 SE 39TH CIR  
OCALA, FL 34480 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:** MEGAN MORRISON

11/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MORRISON, MEGAN NM  
Address 4040 SE 39TH CIR  
City-State-Zip: OCALA FL 34480

*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:** MORRISON, MEGAN NM

MEGAN MORRISON

11/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date