

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000105192

Entity Name: MYFITNESSSOLUTIONS LLC

Current Principal Place of Business:

8297 CHAMPIONS GATE BLVD 230
CHAMPIONS GATE, FL 33896

Current Mailing Address:

8297 CHAMPIONS GATE BLVD 230
CHAMPIONS GATE, FL 33896

FEI Number: 35-2597319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOYD, PATRICIA A
13916 BRAMBLE BUSH CT
ORLANDO, FL 32832 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 HERNANDEZ, KEVIN
Address 3193 TURRET DR
City-State-Zip: KISSIMMEE FL 34743

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: KEVIN HERNANDEZ

MANAGER

04/01/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date