

**2018 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 ROLAND, JASON  
Address 8297 CHAMPIONS GATE BLVD. 230  
City-State-Zip: CHAMPIONS GATE FL 33896

*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:** JASON ROLAND

MANAGER

04/16/2018

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

\_\_\_\_\_ Date