830 3RD AVE. ST. PETERSBI	S JRG, FL 33701			
Current Mai	ling Address:			
PO BOX 21 ST. PETERS	79 SBURG, FL 33731 US			
FEI Number: 82-2008006			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SKOREWICZ, I 215 N. HOWAF SUITE 200 TAMPA, FL 33	2D AVE			
The above name	d entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Flo	orida.
	d entity submits this statement for the purpose of changing it E: KEITH SKOREWICZ	s registered office or regis	tered agent, or both, in the State of Flo	orida. 02/14/2024
		s registered office or regis	tered agent, or both, in the State of Flo	
SIGNATUR		s registered office or regis	tered agent, or both, in the State of Flo	02/14/2024
SIGNATUR	E: KEITH SKOREWICZ Electronic Signature of Registered Agent	s registered office or regis	tered agent, or both, in the State of Flo	02/14/2024
SIGNATURE Authorized	E: KEITH SKOREWICZ Electronic Signature of Registered Agent Person(s) Detail :			02/14/2024
SIGNATURE Authorized	E: KEITH SKOREWICZ Electronic Signature of Registered Agent Person(s) Detail : AP	Title	MGR	02/14/2024
SIGNATURE Authorized Title Name Address	E: KEITH SKOREWICZ Electronic Signature of Registered Agent Person(s) Detail : AP THOMAS, STEPHEN	Title Name Address	MGR AMPED FITNESS LLC	02/14/2024
SIGNATURE Authorized Title Name Address	E: KEITH SKOREWICZ Electronic Signature of Registered Agent Person(s) Detail : AP THOMAS, STEPHEN PO BOX 2179	Title Name Address	MGR AMPED FITNESS LLC PO BOX 2179	02/14/2024
SIGNATURE Authorized Title Name Address	E: KEITH SKOREWICZ Electronic Signature of Registered Agent Person(s) Detail : AP THOMAS, STEPHEN PO BOX 2179	Title Name Address	MGR AMPED FITNESS LLC PO BOX 2179	02/14/2024

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: STEPHEN THOMAS

AP

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000140394

Entity Name: E.S. THOMAS, LLC

Current Principal Place of Business:

020 200 AVE C

FILED Feb 14, 2024 **Secretary of State** 6345400783CC