**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 06, 2023**
**Secretary of State**
**6725030630CC**

DOCUMENT# L17000224173

**Entity Name:** PURLIFE FITNESS GROWTH PARTNERS LLC

**Current Principal Place of Business:**

45 NE 2ND AVE
DELRAY BEACH, FL 33444

**Current Mailing Address:**

45 NE 2ND AVE
DELRAY BEACH, FL 33444 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

TOMKO, T
45 NE 2ND AVE
DELRAY BEACH, FL 33444 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: T TOMKO 03/06/2023

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGER | Title | MANAGER |
| Name | TOMKO, TRAVIS D | Name | WOODS, JERRY |
| Address | 45 NE 2ND AVE | Address | 45 NE 2ND AVE |
| City-State-Zip: | DELRAY BEACH FL 33444 | City-State-Zip: | DELRAY BEACH FL 33444 |

*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: TRAVIS TOMKO MGR 03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date