

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000085009

**Entity Name:** T.R.A.I.N. FITNESS, LLC

**Current Principal Place of Business:**

37931 HEATHER PLACE  
DADE CITY, FL 33525

**Current Mailing Address:**

37931 HEATHER PLACE  
DADE CITY, FL 33525

**FEI Number: 82-5046534**

**Certificate of Status Desired:** No

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

STRIEPLING, LAURIE J  
12236 KNOTTY PINE LOOP  
SAN ANTONIO, FL 33576 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 OTHER, OWNER

Name STRIEPLING, LAURIE

Address 37931 HEATHER PLACE

City-State-Zip: DADE CITY FL 33525

*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: LAURIE STRIEPLING**

**OWNER**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date