

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000284954

**Entity Name:** BALANCE HEALTH + FITNESS LLC

**Current Principal Place of Business:**

423 N. LEMON AVENUE  
SARASOTA, FL 34236

**Current Mailing Address:**

423 N. LEMON AVENUE  
SARASOTA, FL 34236 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SHELTON, MICHAEL J  
423 N. LEMON AVENUE  
SARASOTA, FL 34236 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 WATNEM, TIMOTHY M  
Address 1826 IRVING STREET  
City-State-Zip: SARASOTA FL 34236

Title MGR  
Name EAKINS, MARK F  
Address 3816 WOODCLIFF LAKE TERRACE  
City-State-Zip: SARASOTA FL 34243

*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:** TIMOTHY WATNEM

**MANAGING MEMBER**

**03/13/2019**

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

\_\_\_\_\_  
Date