

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000056055

**Entity Name:** THE WORX PT LLC

**Current Principal Place of Business:**

13432 BOYETTE ROAD  
RIVERVIEW, FL 33569

**Current Mailing Address:**

13432 BOYETTE RD  
RIVERVIEW, FL 33569 US

**FEI Number: 83-3725471**

**Certificate of Status Desired: No**

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

GRACE C LEWIS CPA PA  
1440 BLOOMINGDALE AVE  
VALRICO, FL 33596-6110 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 AMBR  
Name BODY ENGLISH LLC  
Address 13432 BOYETTE RD  
City-State-Zip: RIVERVIEW FL 33569

Title AMBR  
Name VELOZ FITNESS INC  
Address 14601 HEATHERMERE LANE  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name ENGLISH, JAMES L  
Address 13432 BOYETTE ROAD  
City-State-Zip: RIVERVIEW FL 33569

Title MGR  
Name ENGLISH, MARYAM  
Address 13432 BOYETTE ROAD  
City-State-Zip: RIVERVIEW FL 33569

Title MGR  
Name VELOZ, HENRY  
Address 14601 HEATHERMERE LN  
City-State-Zip: ORLANDO FL 32837

*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: MARYAM ENGLISH**

**MGRM**

**01/31/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date