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.

OWNER

SIGNATURE: DAVID SHUTE

61 CARLSON CT PONTE VEDRA, FL 32081 US

Current Principal Place of Business:

FEI Number: 83-4016323

Current Mailing Address:

DOCUMENT# L19000067694

14797 PHILLIPS HIGHWAY

JACKSONVILLE, FL 32256

114

Name and Address of Current Registered Agent:

SHUTE, DAVID C 61 CARLSON CT PONTE VEDRA, FL 32081 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

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PHYSICAL WELLNESS AND FITNESS, LLC

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	SHUTE, DAVID C	Name	SHUTE, DAVID C
Address	61 CARLSON COURT	Address	61 CARLSON COURT
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

02/02/2021

Date

Date