

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000067694

**Entity Name:** PHYSICAL WELLNESS AND FITNESS, LLC

**Current Principal Place of Business:**

14797 PHILLIPS HIGHWAY  
114  
JACKSONVILLE, FL 32256

**FILED**  
**Jan 15, 2023**  
**Secretary of State**  
**1363780937CC**

**Current Mailing Address:**

33 FARMERS BRANCH AVENUE  
PONTE VEDRA, FL 32081 US

**FEI Number: 83-4016323**

**Certificate of Status Desired: Yes**

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

SHUTE, DAVID C  
33 FARMERS BRANCH AVENUE  
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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	SHUTE, DAVID C	Name	SHUTE, DAVID C
Address	33 FARMERS BRANCH AVENUE	Address	33 FARMERS BRANCH AVENUE
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081

Title            AUTHORIZED REPRESENTATIVE  
Name            LAUREN, SHUTE  
Address        33 FARMERS BRANCH AVENUE  
City-State-Zip:    PONTE VEDRA FL 32081

*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: SHUTE, DAVID C**

**MANAGER**

**01/15/2023**

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

\_\_\_\_\_  
Date