

2022 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

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: DAVID SHUTE

OWNER

01/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date