

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000173793

**Entity Name:** DCM FITNESS L.L.C.

**Current Principal Place of Business:**

4300 S. HWY 27  
UNIT 104A  
GROVELAND, FL 34736

**Current Mailing Address:**

4300 S. HWY 27  
UNIT 104A  
GROVELAND, FL 34736 US

**FEI Number:** 84-2295139

**Certificate of Status Desired:** No

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

CDM FAMILY ENTERPRISE CORP.  
18325 SKY TOP LANE  
GROVELAND, FL 34736 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            OWNER  
Name            MARADIAGA, CHRISTINA V  
Address        PO BOX 101  
City-State-Zip: GROVELAND FL 34736

*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:** CHRISTINA MARADIAGA

OWNER

07/12/2023

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

\_\_\_\_\_ Date