

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000245384

**Entity Name:** PHYSIQUE COACHING ACADEMY LLC

**Current Principal Place of Business:**

19401 JACOBS RIVER RUN  
LUTZ, FL 33559

**Current Mailing Address:**

19401 JACOBS RIVER RUN  
LUTZ, FL 33559 US

**FEI Number: 84-3439505**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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	MGR
Name	BIOLAYNE LLC	Name	BILLCAMPBELLPHD LLC
Address	19401 JACOBS RIVER RUN	Address	19401 JACOBS RIVER RUN
City-State-Zip:	LUTZ FL 33559	City-State-Zip:	LUTZ FL 33559

*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: LAYNE NORTON**

**MANAGER**

**05/21/2020**

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

\_\_\_\_\_  
Date