

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000267574

**Entity Name:** MASK OFF FITNESS LLC

**Current Principal Place of Business:**

4646 COACHFORD DR  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

4646 COACHFORD DR  
WESLEY CHAPEL, FL 33543 UN

**FEI Number:** 85-0807130

**Certificate of Status Desired:** No

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

MURRAY, NIKITA S  
4646 COACHFORD DR  
WESLEY CHAPEL, FL 33543 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            AMBR  
Name            MURRAY, NIKITA S  
Address        4646 COACHFORD DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33543

*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:** MURRAY , NIKITA S

AMBR

05/18/2020

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

\_\_\_\_\_  
Date