

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000112367

Entity Name: EQUI-FIT WELLNESS & REHABILITATION LLC

Current Principal Place of Business:

14333 BROKEN WING LANE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

14333 BROKEN WING LANE
PALM BEACH GARDENS, FL 33418

FEI Number: 85-2352841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LACHE, JILL
14333 BROKEN WING LANE
PALM BEACH GARDENS, FL 33418 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
Name LACHE, JILL
Address 14333 BROKEN WING LANE
City-State-Zip: PALM BEACH GARDENS FL 33418

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: JILL LACHE

MG MEMBER

02/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date