I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am a managing member or manager of the limited liability company or the receiver or t		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE [,] SMITH DONNA J	MGR	02/23/2024

SIGNATURE: SMITH, DONNA J

1

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: APPLIED FOR Name and Address of Current Registered Agent:

Current Principal Place of Business:

SMITH, DONNA J 805 WEST IDLEWILD AVENUE TAMPA, FL 33604 US

DOCUMENT# L20000142199

805 WEST IDLEWILD AVENUE

Current Mailing Address:

805 WEST IDLEWILD AVENUE

TAMPA, FL 33604

TAMPA, FL 33604

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: SMITH ,DONNA ,J	
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Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name SMITH, DONNA J Address 805 WEST IDLEWILD AVENUE City-State-Zip: TAMPA FL 33604

Entity Name: DONNA SMITH PERSONAL TRAINING, LLC

FILED Feb 23, 2024 Secretary of State 0942112133CC

Certificate of Status Desired: No

02/23/2024

Date

Date