

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000164238

**Entity Name:** FINANCIAL FITNESS CENTER, LLC

**Current Principal Place of Business:**

5257 VICTORIA CR  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

5257 VICTORIA CR  
WEST PALM BEACH, FL 33409 UN

**FEI Number: 85-3415852**

**Certificate of Status Desired: No**

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

VITAL, VALLERY  
5257 VICTORIA CR  
WEST PALM BEACH, FL 33409 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 POLO, OLVA  
Address 9127 SW 21 STREET, APT E  
City-State-Zip: BOCA RATON FL 33428

Title MGR  
Name VITAL, VALLERY  
Address 5257 VICTORIA CR  
City-State-Zip: WEST PALM FL 33409

*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: OLVA POLO**

**MANAGER**

**02/10/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date