

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000334572

**Entity Name:** 180 DEGREE FITNESS LLC

**Current Principal Place of Business:**

5820 N CHURCH AVE  
110  
TAMPA, FL 33614

**Current Mailing Address:**

5820 N CHURCH AVE  
110  
TAMPA, FL 33614

**FEI Number:** 85-3774035

**Certificate of Status Desired:** No

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

ALLEN, NOEL D  
5820 N CHURCH AVE  
110  
TAMPA, FL 33614 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            OWNER  
Name            ALLEN, NOEL DEREK  
Address        5820 N CHURCH AVE  
                  110  
City-State-Zip: TAMPA FL 33614

*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:** NOEL DEREK ALLEN

OWNER

04/21/2023

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

\_\_\_\_\_ Date