

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000099773

**Entity Name:** PRECISION WORK STRETCHING AND MOBILITY LLC

**Current Principal Place of Business:**

17500 PHLOX DR  
FORT MYERS, FL 33967

**Current Mailing Address:**

323 NE 7TH ST  
CAPE CORAL, FL 33909 US

**FEI Number:** 86-2561711

**Certificate of Status Desired:** No

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

SITTER, MATTHEW  
323 NE 7TH ST  
CAPE CORAL, FL 33909 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 SITTER, MATTHEW  
Address 17500 PHLOX DR  
City-State-Zip: FORT MYERS FL 33967

*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:** MATTHEW SITTER

**MEMBER**

**04/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date