

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000103019

**FILED**  
**Apr 30, 2023**  
**Secretary of State**  
**8743288520CC**

**Entity Name:** TRAINING AND WELLNESS OUTFITTERS

**Current Principal Place of Business:**

10036 SAINT MARKS ROAD  
UNIT 440  
WINDERMERE, FL 34786

**Current Mailing Address:**

10036 SAINT MARKS ROAD  
UNIT 440  
WINDERMERE, FL 34786 US

**FEI Number:** 82-1666197

**Certificate of Status Desired:** Yes

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

WILLIAMS, DAYMION S.  
10036 SAINT MARKS ROAD  
UNIT 440  
WINDERMERE, FL 34786 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:** DAYMION S. WILLIAMS

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIAMS, DAYMION S  
Address 10036 SAINT MARKS ROAD  
UNIT 440  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name RUSSELL, JOVON  
Address 8720 GREENBANK BLVD  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name WILLIAMS, LESLIE  
Address 10036 SAINT MARKS ROAD  
UNIT 440  
City-State-Zip: WINDERMERE FL 34786

*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:** DAYMION S. WILLIAMS

**MANAGER**

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date