

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000231316

**Entity Name:** TRONFIT, LLC

**Current Principal Place of Business:**

7275 NE 4TH AVE  
UNIT 102  
MIAMI, FL 33138

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**0618882293CC**

**Current Mailing Address:**

7275 NE 4TH AVE  
UNIT 102  
MIAMI, FL 33138 US

**FEI Number:** 87-0999966

**Certificate of Status Desired:** Yes

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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 CINTRON, MATTHEW  
Address 7275 NE 4TH AVE  
UNIT 102  
City-State-Zip: MIAMI FL 33138

Title MANAGER  
Name CINTRON, JOSEPH  
Address 7275 NE 4TH AVE  
UNIT 102  
City-State-Zip: MIAMI FL 33138

Title MANAGER  
Name PABON, MELANIE  
Address 7275 NE 4TH AVE  
UNIT 102  
City-State-Zip: MIAMI FL 33138

Title MANAGER  
Name CUBISINO BI GERONIMO, BARBARA  
Address 7275 NE 4TH AVE  
UNIT 102  
City-State-Zip: MIAMI FL 33138

*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:** CINTRON, MATTHEW

**MANAGER**

**04/23/2024**

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

\_\_\_\_\_  
Date