

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000245548

**Entity Name:** ADONIS FITNESS AND INSURANCE LLC

**Current Principal Place of Business:**

2249 BLUE SAPPHIRE CIR  
ORLANDO, FL 32837

**Current Mailing Address:**

2249 BLUE SAPPHIRE CIR  
ORLANDO, FL 32837 US

**FEI Number:** 87-0902184

**Certificate of Status Desired:** No

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

WILLIAMS, DARRELL JR  
2249 BLUE SAPPHIRE CIR  
ORLANDO, FL 32837 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 AR  
Name WILLIAMS, DARRELL JR  
Address 2249 BLUE SAPPHIRE CIR  
City-State-Zip: ORLANDO FL 32837

*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:** DARRELL WILLIAMS JR

OWNER

04/25/2024

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

\_\_\_\_\_ Date