

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000275052

Entity Name: FIT-BUD LLC**Current Principal Place of Business:**1029 NE 19TH ST
CAPE CORAL, FL 33909**Current Mailing Address:**108 DREW AVE
SANFORD, FL 32771 US**FEI Number:** 87-1409109**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DILLARD, WILFRED W III
1029 NE 19TH 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	VP
Name	PENA, TIFANNY A
Address	1029 NE 19TH ST.
City-State-Zip:	CAPE CORAL FL 33909

Title	PRES
Name	DILLARD, WILFRED W III
Address	1029 NE 19TH ST.
City-State-Zip:	CAPE CORAL FL 33909

Title	EA
Name	DUMAS, LAMAR
Address	1029 NE 19TH ST.
City-State-Zip:	CAPE CORAL FL 33909

Title	VP
Name	TRUEBLOOD, TYSON
Address	1029 NE 19TH ST
City-State-Zip:	CAPE CORAL FL 33909

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: WILFRED W DILLARD III**PRESIDENT****03/16/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date