

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000339942

**Entity Name:** FLYPHYSIO GT LLC

**Current Principal Place of Business:**

8279 WEST HOMOSASSA TRAIL  
HOMOSASSA, FL 34448

**Current Mailing Address:**

8279 WEST HOMOSASSA TRAIL  
HOMOSASSA, FL 34448 US

**FEI Number:** 87-2029632

**Certificate of Status Desired:** No

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

GONZALEZ AND PARTNERS CPAS LLC  
3211 PONCE DE LEON BLVD  
STE 200  
CORAL GABLES, FL 33134 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            TUBMAN, GARRETT  
Address        8279 WEST HOMOSASSA TRAIL  
City-State-Zip: HOMOSASSA FL 34448

*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:** GARRETT TUBMAN

DR.

08/21/2022

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

\_\_\_\_\_  
Date