

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000437393

Entity Name: FITNESS VENTURES - BATON ROUGE, LLC**Current Principal Place of Business:**999 DOUGLAS AVENUE, SUITE 3328
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**999 DOUGLAS AVENUE, SUITE 3328
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 87-2996194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, JR., WILLIAM R. ESQ.
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
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:** WILLIAM R. LOWMAN, JR., ESQ.

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	FITNESS VENTURES, LLC
Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CEO
Name	HIBBARD, BRIAN J.
Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRESIDENT
Name	TESCHKE, JEFFREY J.
Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	SECRETARY, TREASURER
Name	CASELLA, KYLE A.
Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CFO
Name	CAMERON, BRAD
Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: BRIAN J. HIBBARD

CEO

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date