

**2022 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:**

WILLIAM R. LOWMAN, JR., 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	CEO
Name	FITNESS VENTURES, LLC	Name	BRIAN J. HIBBARD
Address	999 DOUGLAS AVENUE, SUITE 3328	Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	PRESIDENT	Title	SECRETARY, TREASURER
Name	JEFFREY J. TESCHKE	Name	KYLE A. CASELLA
Address	999 DOUGLAS AVENUE, SUITE 3328	Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	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**

**03/15/2022**

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

\_\_\_\_\_  
Date