

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000454396

Entity Name: EMPIRICA FITNESS LLC

Current Principal Place of Business:

404 NW 19TH AVE
GAINESVILLE, FL 32609

Current Mailing Address:

404 NW 19TH AVE
GAINESVILLE, FL 32609 US

FEI Number: 87-3215193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, AKELA
404 NW 19TH AVE
GAINESVILLE, FL 32609 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 COLLINS, AKELA
Address 404 NW 19TH AVE
City-State-Zip: GAINESVILLE FL 32609

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: AKELA COLLINS

MS.

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date