

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000510499

Entity Name: FITNESS VENTURES - WARNER ROBINS, 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: 87-3892413****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
Name	FITNESS VENTURES, LLC
Address	999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

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

Title	SECRETARY, TREASURER
Name	KYLE A. CASELLA
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****03/17/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date