

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000107589

**Entity Name:** AMPED FITNESS FORT MYERS LLC

**Current Principal Place of Business:**

16970 ALICO MISSION WAY  
SUITE 305  
FORT MYERS, FL 33908

**Current Mailing Address:**

PO BOX 2179  
SAINT PETERSBURG, FL 33731 US

**FEI Number:** 88-1063267

**Certificate of Status Desired:** No

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

APPLETON REISS C/O KEITH SKOREWICZ  
215 N HOWARD AVE  
SUITE 200  
TAMPA, FL 33606 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 AP  
Name THOMAS, STEPHEN  
Address PO BOX 2179  
City-State-Zip: SAINT PETERSBURG FL 33731

Title MGR  
Name AMPED FITNESS LLC  
Address PO BOX 2179  
City-State-Zip: SAINT PETERSBURG FL 33731

*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:** STEPHEN THOMAS

CFO

02/14/2024

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

\_\_\_\_\_  
Date