

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000387682

**Entity Name:** TOP FORM FITNESS, LLC

**Current Principal Place of Business:**

7039 AUSTIN MCDONALD RD.  
PERRY, FL 32348

**Current Mailing Address:**

7039 AUSTIN MCDONALD RD.  
PERRY, FL 32348

**FEI Number:** 92-0261751

**Certificate of Status Desired:** No

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

SALLY JEAN ROBERTS, LLC  
1534 W. ROBERTS AMAN ROAD  
PERRY, FL 32347 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	MGR	Title	MGR
Name	PARKER, MINDY	Name	PARKER, WILLIAM
Address	7039 AUSTIN MCDONALD ROAD	Address	7039 AUSTIN MCDONALD ROAD
City-State-Zip:	PERRY FL 32348	City-State-Zip:	PERRY FL 32348

*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:** MINDY PARKER

**MANAGER**

**04/03/2024**

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

\_\_\_\_\_  
Date