## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000535581

**Entity Name: AMPED MANAGEMENT LLC** 

**Current Principal Place of Business:** 

6798 CROSSWINDS DR N SUITE B 106 ST PETERSBURG, FL 33710

**Current Mailing Address:** 

PO BOX 2179

ST PETERSBURG, FL 33731 US

FEI Number: 92-1447595 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON REISS, PLLC 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

FILED Feb 14, 2024

**Secretary of State** 

3695865945CC

Authorized Person(s) Detail:

Title MGR Title A

Name AMPED FITNESS LLC Name THOMAS, STEPHEN

Address PO BOX 2179 Address PO BOX 2179

City-State-Zip: ST PETERSBURG FL 33731 City-State-Zip: ST 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