

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000033957

Entity Name: FAB 5 FITNESS, LLC**Current Principal Place of Business:**11266 NW 11 COURT
CORAL SPRING, FL 33071**Current Mailing Address:**11266 NW 11 COURT
CORAL SPRING, FL 33071 US**FEI Number:** 92-1977887**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NETBURN, DAVID A
5521 N. UNIVERSITY DRIVE, STE. 204
CORAL SPRINGS, FL 33067 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 MASTON, RICHARD
Address 4644 NW 99TH LANE
City-State-Zip: CORAL SPRINGS FL 33076

Title AMBR
Name PREFONTAINE, MARTHA
Address 11266 NW 11TH COURT
City-State-Zip: CORAL SPRINGS FL 33071

Title AMBR
Name QUINN, COREY
Address 10981 NW 20TH DRIVE
City-State-Zip: CORAL SPRINGS FL 33071

Title AMBR
Name MIRASOLA, DORIAN
Address 11133 NW 21ST PLACE
City-State-Zip: CORAL SPRINGS FL 33071

Title AMBR
Name TATE, HENRY W III
Address 3249 NW 31ST TERRACE
City-State-Zip: OAKLAND PARK FL 33309

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: MARTHA PREFONTAINE**OWNER****02/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date