

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000254132

**Entity Name:** AMPED FITNESS CARROLLWOOD, LLC

**Current Principal Place of Business:**

14350 N DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

PO BOX 2179  
SAINT PETERSBURG, FL 33731 US

**FEI Number:** 93-1512206

**Certificate of Status Desired:** No

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

APPLETON REISS, PLLC C/O KEITH SKOREWICZ  
215 N. HOWARD AVENUE  
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	Title	MGR
Name	THOMAS, STEPHEN	Name	AMPED FITNESS, LLC
Address	PO BOX 2179	Address	PO BOX 2179
City-State-Zip:	SAINT PETERSBURG FL 33731	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