

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000261200

**Entity Name:** ARTISAN FITNESS LLC

**Current Principal Place of Business:**

3050 S DOUGLAS RD APT 2303  
MIAMI, FL 33133

**Current Mailing Address:**

3050 S DOUGLAS RD APT 2303  
MIAMI, FL 33133 US

**FEI Number:** 93-1643957

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 PAN, HECTOR  
Address 650 SE 12TH STREET APT. 102  
City-State-Zip: DANIA FL 33004

Title AMBR  
Name MARQUEZ, REINALDO A  
Address 650 SE 12TH STREET APT. 102  
City-State-Zip: DANIA FL 33004

Title AMBR  
Name DIAZ SAEZ, SEBASTIAN  
Address 3050 S DOUGLAS RD APT 2303  
City-State-Zip: MIAMI FL 33133

*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:** SEBASTIAN DIAZ SAEZ

AMBR

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date