

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000481175

Entity Name: AMPED FITNESS TALLAHASSEE LLC

Current Principal Place of Business:

1654 GOVERNORS SQUARE BLVD
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 2179
ST PETERSBURG, FL 33731 US

FEI Number: 93-4075620

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:	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

Electronic Signature of Signing Authorized Person(s) Detail

Date