

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000517669

**Entity Name:** AQUA FIT CPR LLC

**Current Principal Place of Business:**

900 BAY DRIVE  
L5  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

900 BAY DRIVE  
L5  
MIAMI BEACH, FL 33141

**FEI Number:** 93-4425388

**Certificate of Status Desired:** No

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

DOUGLAS, JAMIE L  
900 BAY DRIVE  
L5  
MIAMI BEACH, FL 33141 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 SANTANA, CAMILA  
Address 407 LINCOLN ROAD SUITE 6H PMB  
1380  
City-State-Zip: MIAMI BEACH FL 33139

Title AMBR  
Name DOUGLAS, JAMIE L  
Address 900 BAY DRIVE APT L5  
City-State-Zip: MIAMI BEACH FL 33141

*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:** JAMIE DOUGLAS

AMBR

04/11/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date