

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033990

Entity Name: STUDIO PILATES AND PHYSICAL THERAPY LLC

Current Principal Place of Business:

11155 SW 112 AVE
MIAMI, FL 33176

Current Mailing Address:

9100 TIFFANY DR
MIAMI, FL 33157 US

FEI Number: 36-4606410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOHEIDE, WILLIAM M
9100 TIFFANY DR
MIAMI, FL 33157 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 MGRM
Name LOHEIDE, WILLIAM M
Address 9100 TIFFANY DR
City-State-Zip: MIAMI FL 33157

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: WILLIAM LOHEIDE

MGRM

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date