

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023121

**Entity Name:** AM PERSONAL TRAINING LLC

**Current Principal Place of Business:**

4390 MARINERS COVE DR  
WELLINGTON, FL 33449

**Current Mailing Address:**

4390 MARINERS COVE DR  
WELLINGTON, FL 33449

**FEI Number:** 46-2024619

**Certificate of Status Desired:** No

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

MOSS, ADREANA A  
4390 MARINERS COVE DR  
WELLINGTON, FL 33449 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	MGR	Title	MANAGER
Name	MOSS, ADREANA A	Name	MOSS, JAMES R
Address	4390 MARINERS COVE DR	Address	4390 MARINERS COVE DR
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

*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:** ADREANA MOSS

**MANAGER**

**02/21/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date