

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000090455

**Entity Name:** ZONE HEALTH AND FITNESS, LLC.

**Current Principal Place of Business:**

524 S. PINE AVE  
OCALA, FL 34471

**Current Mailing Address:**

524 S PINE AVENUE  
OCALA, FL 34471 US

**FEI Number:** 47-1053222

**Certificate of Status Desired:** No

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

MARCIANO, BEN J  
565 S.E. 43RD STREET  
OCALA, FL 34480 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	AMBR
Name	MARCIANO, BEN J	Name	BRACEY, TRACIE
Address	565 S.E. 43RD STREET	Address	26 SUNRISE DRIVE
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34472

*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:** BEN MARCIANO

MGR

01/19/2024

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

\_\_\_\_\_  
Date