

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149995

**Entity Name:** CLUB HEALTHY LIFE LLC

**Current Principal Place of Business:**

5388 TICE ST  
FORT MYERS, FL 33905

**Current Mailing Address:**

5388 TICE ST  
FORT MYERS, FL 33905 US

**FEI Number:** 47-1928394

**Certificate of Status Desired:** No

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

PEREZ, ELVIRA  
5388 TICE ST  
FORT MYERS, FL 33905 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:** ELVIRA PEREZ

03/26/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name PEREZ, ELVIRA  
Address 5388 TICE ST  
City-State-Zip: FORT MYERS FL 33905

*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:** ELVIRA PEREZ

AP

03/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date