

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149995

**Entity Name:** CLUB HEALTHY LIFE LLC

**Current Principal Place of Business:**

2158 COLONIAL BLVD  
#5

FORT MYERS, FL 33907

**Current Mailing Address:**

1669 S MAYFAIR RD  
FORT MYERS, FL 33919

**FEI Number:** 47-1928394

**Certificate of Status Desired:** No

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

ALVAREZ, CLAUDIA C  
1669 S MAYFAIR RD  
FORT MYERS, FL 33919 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 AP

Name ALVAREZ, RAMON P

Address 1669 S MAYFAIR RD

City-State-Zip: FORT MYERS FL 33919

*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:** RAMON P ALVAREZ

**REGISTERED AGENT**

**08/08/2020**

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

\_\_\_\_\_  
Date