

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000140244

Entity Name: COASTAL FITNESS TRAINING, LLC**Current Principal Place of Business:**6001 AUGUSTINE DRIVE
PACE, FL 32571**Current Mailing Address:**6001 AUGUSTINE DRIVE
PACE, FL 32571 US**FEI Number:** 47-4876276**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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	AMBR
Name	LAURENDINE, PAULA
Address	6001 AUGUSTINE DRIVE
City-State-Zip:	PACE FL 32571

Title	AMBR
Name	SLAUGHTER, JAID
Address	6001 AUGUSTINE DRIVE
City-State-Zip:	PACE FL 32571

Title	AMBR
Name	SLAUGHTER, SHANNON
Address	6001 AUGUSTINE DRIVE
City-State-Zip:	PACE FL 32571

Title	AMBR
Name	LAURENDINE, MARK
Address	6001 AUGUSTINE DRIVE
City-State-Zip:	PACE FL 32571

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: PAULA LAURENDINE

AMBR

03/11/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date