

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000095626

**Entity Name:** FITNESS VENTURES, LLC

**Current Principal Place of Business:**

999 DOUGLAS AVENUE  
SUITE 3328  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

999 DOUGLAS AVENUE  
SUITE 3328  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 30-0940987

**Certificate of Status Desired:** No

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

LOWMAN, JR., WILLIAM R. ESQ.  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE SUITE 1700  
ORLANDO, FL 32801 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:** WILLIAM R. LOWMAN, JR., ESQ.

02/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name FITNESS VENTURES HOLDINGS, INC.  
Address 999 DOUGLAS AVENUE  
SUITE 3328  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CEO  
Name HIBBARD, BRIAN J.  
Address 999 DOUGLAS AVENUE  
SUITE 3328  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT  
Name TESCHKE, JEFFREY J.  
Address 999 DOUGLAS AVENUE  
SUITE 3328  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY, TREASURER  
Name CASELLA, KYLE A.  
Address 999 DOUGLAS AVENUE  
SUITE 3328  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CFO  
Name CAMERON, BRAD  
Address 999 DOUGLAS AVENUE  
SUITE 3328  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** BRIAN J. HIBBARD

CEO

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date