

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000216827

Entity Name: MADEFORTTHIS FITNESS, LLC**Current Principal Place of Business:**1111 HOMESTEAD RD N
SUITE 25
LEHIGH ACRES, FL 33936**Current Mailing Address:**1111 HOMESTEAD RD N
SUITE 25
LEHIGH ACRES, FL 33936 US**FEI Number:** 81-4582600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEPH, TEDDY TEDDY JOSEPH
1111 HOMESTEAD RD N
SUITE 25
LEHIGH ACRES, FL 33936 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:** TEDDY JOSEPH

08/18/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BARBERI, CHERISH
Address	114 VIEW POINT DRIVE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	AUTHORIZED REPRESENTATIVE, AUTHORIZED MEMBER
Name	JOSEPH , TEDDY
Address	114 VIEW POINT DR
City-State-Zip:	LEHIGH ACRES FL 33972

Title	AUTHORIZED MEMBER
Name	MADEFORTTHIS FITNESS, LLC
Address	1111 HOMESTEAD RD N. SUITE 25
City-State-Zip:	LEHIGH ACRES FL 33936

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: TEDDY JOSEPH**AUTHORIZES MEMBER**

08/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date