

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000217640

Entity Name: FITOFORCE, LLC**Current Principal Place of Business:**2890N.OAKLAND FOREST DR
307
FT LAUDARDALE, 33309 33165**Current Mailing Address:**26 DIPLOMAT PARKWAY,
CU-2
HALLANDALE, FL 33009 US**FEI Number:** 81-4576250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRADICICH, KONSTANTIN MR
2890 N OAKLAND FOREST DR
307
FORT LAUDARDALE, FL 33309 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:** KONSTANTIN BRADICICH

03/14/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name KHURTSILAVA, GEORGY MGR
Address 26 DIPLOMAT PARKWAY
CU2
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER
Name BRADICICH, KONSTANTIN MGR
Address 2890 N OAKLAND FOREST DR
307
City-State-Zip: FORT LAUDARDALE FL 33309

Title MANAGER
Name BGANBA, ADAMUR MGR
Address 26 DIPLOMAT PARKWAY CU2/20
City-State-Zip: HALLANDALE FL 33009

Title MANANGER
Name AKHALAYA, VAKHTANGI MGR
Address 26 DIPLOMAT PARKWAY CU2/20
City-State-Zip: HALLANDALE FL 33009

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: KONSTANTIN BRADICICH

MANAGER

03/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date