

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000026839

Entity Name: PHYSICAL ENHANCEMENT PROGRAMS, LLC

Current Principal Place of Business:

4317 CALLISTA LANE
SARASOTA, FL 34243

Current Mailing Address:

PHYSICAL ENHANCEMENT PROGRAMS, LLC
23 EAGLE CIRCLE
BOHEMIA, NY 11716

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAINOR, ED
4317 CALLISTA LANE
SARASOTA, FL 34243 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 MGR
Name TRAINOR, ED
Address 4317 CALLISTA LANE
City-State-Zip: SARASOTA FL 34243

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: ED TRAINOR

MANAGER

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date