

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000032644

**Entity Name:** ULTIMATE FIT CENTER LLC

**Current Principal Place of Business:**

7935 W. MCNAB RD  
TAMARAC, FL 33321

**Current Mailing Address:**

7935 W. MCNAB RD  
TAMARAC, FL 33321 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

INC SOLUTIONS LLC  
28 W FLAGLER ST  
SUITE 300-B  
MIAMI, FL 33130 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:** DIECSON VILARINO

03/06/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                  |                 |                                   |
|-----------------|------------------|-----------------|-----------------------------------|
| Title           | AMBR             | Title           | AMBR                              |
| Name            | GURGEL, FERNANDO | Name            | PINHEIRO DA SILVA, FABIANO        |
| Address         | 7935 W. MCNAB RD | Address         | 417 VISTA ISLES DRIVE<br>APT 2328 |
| City-State-Zip: | TAMARAC FL 33321 | City-State-Zip: | PLANTATION FL 33325               |

*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:** GURGEL, FERNANDO

AMBR

03/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date