## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000097827

**Entity Name: MYOFIX FITNESS LLC** 

**Current Principal Place of Business:** 

8201 DE HAVEN STREET ORLANDO. FL 32832

**Current Mailing Address:** 

8201 DE HAVEN STREET ORLANDO, FL 32832 US

FEI Number: 82-1333145 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VELEZ, ANTHONY R 8201 DE HAVEN STREET ORLANDO, FL 32832 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.

Title

Name

Address

City-State-Zip:

MGR

RIVERA, JOSSIE A

ORLANDO FL 32832

8201 DE HAVEN STREET

SIGNATURE:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 20, 2019

**Secretary of State** 

4451116387CC

Authorized Person(s) Detail:

Title MGR

VELEZ, ANTHONY R

Address 8201 DE HAVEN STREET

City-State-Zip: ORLANDO FL 32932

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Title AUTHORIZED MEMBER

Name ESPINOSA, ANTHONY

Address 8201 DE HAVEN STREET

City-State-Zip: ORLANDO FL 32832

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: ANTHONY VELEZ

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

04/20/2019