

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098381

**Entity Name:** ZONE HEALTH AND FITNESS WEST, LLC

**Current Principal Place of Business:**

4414 SW COLLEGE RD UNIT 1012  
OCALA, FL 34474

**Current Mailing Address:**

524 S. PINE AVENUE  
OCALA, FL 34471 US

**FEI Number:** 82-1483212

**Certificate of Status Desired:** No

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

MARCIANO, BEN J  
524 S. PINE AVENUE  
OCALA, FL 34471 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	Title	AUTHORIZED MEMBER
Name	MARCIANO, BEN J	Name	BRACEY, TRACIE
Address	524 S. PINE AVENUE	Address	26 SUNRISE DRIVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34472

*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:** BEN MARCIANO

**MGR**

**01/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date