

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