

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000162411

**Entity Name:** PRO DAY FITNESS CENTER "LLC"

**Current Principal Place of Business:**

406 SW SECOND ST  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

406 SW 2ND ST  
DELRAY BEACH, FL 33444 US

**FEI Number:** 82-3291621

**Certificate of Status Desired:** Yes

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

BRYANT, SAMUEL J JR  
240 SW 9TH CIRCLE  
DELRAY BEACH, FL 33444 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           MANAGER  
Name           BRYANT, SAMUEL JAMES JR  
Address        406 SW 2ND ST  
City-State-Zip: DELRAY BEACH FL 33444

Title           MANAGER  
Name           FLOWERS-WYNN, ROSA MAE  
Address        406 SW 2ND ST  
City-State-Zip: DELRAY BEACH FL 33444

*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:** ROSA MAE FLOWERS-WYNN

**MANAGER**

**08/19/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date