

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000008914

**Entity Name:** BODY MECHANIX PHYSIOTHERAPY AND FITNESS, LLC

**Current Principal Place of Business:**

1114 THOMASVILLE RD  
SUITE I  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1114 THOMASVILLE RD  
SUITE I  
TALLAHASSEE, FL 32303 US

**FEI Number:** 82-4461291

**Certificate of Status Desired:** No

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

ALKIRE, BRANDON  
1908 SUNSET LN  
TALLAHASSEE, FL 32303 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 AMBR  
Name ALKIRE, BRANDON M  
Address 1114 THOMASVILLE RD  
SUITE I  
City-State-Zip: TALLAHASSEE FL 32303

*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:** BRANDON ALKIRE

**OWNER**

**04/15/2021**

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

\_\_\_\_\_  
Date