

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000008914

Entity Name: BODY MECHANIX PHYSIOTHERAPY AND FITNESS, LLC

Current Principal Place of Business:

1660-3 NORTH MONROE ST.
TALLAHASSEE, FL 32303

Current Mailing Address:

1660-3 NORTH MONROE ST.
TALLAHASSEE, FL 32303 US

FEI Number: 82-4461291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALKIRE, BRANDON
1980 SUNSET LN
A
TALLAHASSEE, FL 32301 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 1660-3 NORTH MONROE ST.
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

03/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date