

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000072352

**Entity Name:** PHYSICAL EDUCATION LLC

**Current Principal Place of Business:**

8521 BEAUCHAMP LANE  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

8521 BEAUCHAMP LANE  
JACKSONVILLE, FL 32217 US

**FEI Number: 82-4949931**

**Certificate of Status Desired: No**

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

LEE, ADAM  
8521 BEAUCHAMP LANE  
JACKSONVILLE, FL 32217 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	MGR/AMBR
Name	LEE, ADAM	Name	KOSSOL, TRAVIS
Address	8521 BEAUCHAMP LANE	Address	12750 LONGVIEW DR W
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32223

*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: ADAM LEE**

**OWNER**

**03/03/2020**

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

\_\_\_\_\_  
Date