

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000089636

**Entity Name:** BODYTEAM, LLC

**Current Principal Place of Business:**

3956 INDIAN TRAIL  
DESTIN, FL 32541

**Current Mailing Address:**

PO BOX 248  
SUITE 200  
DESTIN, FL 32540 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HAND ARENDALL HARRISON SALE LLC  
35008 EMERALD COAST PKWY  
SUITE 500  
DESTIN, FL 32541 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 MGRM  
Name MCINERNEY, FUCHSIA  
Address POST OFFICE BOX 248  
City-State-Zip: DESTIN FL 32540

Title MGRM  
Name MCINERNEY, JONATHAN  
Address POST OFFICE BOX 248  
City-State-Zip: DESTIN FL 32540

Title MGRM  
Name BRAEUNINGER, BRENDA  
Address POST OFFICE BOX 248  
City-State-Zip: DESTIN FL 32540

Title MBR  
Name BRAEUNINGER, VAUGHN  
Address PO BOX 248  
City-State-Zip: DESTIN FL 32540

*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:** FUCHSIA MCINERNEY

**MGRM**

**03/20/2020**

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

\_\_\_\_\_  
Date