

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000102719

**Entity Name:** ALL OF ME FITNESS LLC

**Current Principal Place of Business:**

5555 SOUTH KIRKMAN ROAD  
SUITE 104  
ORLANDO, FL 32819

**Current Mailing Address:**

5555 SOUTH KIRKMAN ROAD  
SUITE 104  
ORLANDO, FL 32819 US

**FEI Number:** 82-5368310

**Certificate of Status Desired:** No

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

JENSEN, JOSHUA DAVID  
660 ROSEMERE CIRCLE  
ORLANDO, FL 32835 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:** JOSHUA JENSEN

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                             |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Title           | AMBR                        | Title           | AMBR                        |
| Name            | JENSEN, JOSHUA D            | Name            | MENCIA, KIMBERLY            |
| Address         | 7137 ALTIS WAY<br>APT 1-107 | Address         | 7137 ALTIS WAY<br>APT 1-107 |
| City-State-Zip: | ORLANDO FL 32836            | City-State-Zip: | ORLANDO FL 32836            |

*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:** JOSHUA JENSEN

**OWNER**

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date