

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000194260

**Entity Name:** PUMPS FITNESS LLC

**Current Principal Place of Business:**

9009 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9009 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 83-2062550

**Certificate of Status Desired:** No

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

KOPRIVA, VICTORIA  
9009 TOWNCENTER PARKWYA  
102  
SARASOTA, FL 34202 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            CEO  
Name            KOPRIVA, VICTORIA  
Address        839 HIGHLAND STREET  
City-State-Zip: SARASOTA FL 34234

Title            AP  
Name            KOPRIVA, AUSTIN  
Address        3401 NORTH LAKEVIEW DRIVE  
City-State-Zip: TAMPA FL 33618

Title            VP, COO  
Name            SLAUGHTER, BRAD  
Address        7241 MAUNA LOA BLVD  
City-State-Zip: SARASOTA FL 34241

*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:** VICTORIA KOPRIVA

**OWNER**

**07/20/2020**

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

\_\_\_\_\_  
Date