

**2023 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	Title	AP
Name	KOPRIVA, VICTORIA	Name	KOPRIVA, AUSTIN
Address	839 HIGHLAND STREET	Address	3401 NORTH LAKEVIEW DRIVE
City-State-Zip:	SARASOTA FL 34234	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**

**04/03/2023**

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

\_\_\_\_\_  
Date