

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000068169

**Entity Name:** EWELL BE FIT LLC

**Current Principal Place of Business:**

6727 1ST AVE SOUTH  
SUITE 108  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

6727 1ST AVE SOUTH  
SUITE 108  
SAINT PETERSBURG, FL 33707 US

**FEI Number:** 83-3992546

**Certificate of Status Desired:** No

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

EWELL, CHRISTOPHER  
2224 60TH STREET N  
SAINT PETERSBURG, FL 33710 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, CFO, COO, PRESIDENT,  
CHAIRMAN  
Name EWELL, CHRISTOPHER  
Address 2224 60TH STREET N  
City-State-Zip: SAINT PETERSBURG FL 33710

Title VP, VC, MANAGER, AUTHORIZED  
MEMBER  
Name EWELL, KIMBERLY ANNE  
Address 6727 1ST AVE SOUTH  
SUITE 108  
City-State-Zip: SAINT PETERSBURG FL 33707

*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:** CHRISTOPHER EWELL

CEO, CFO, COO,  
PRESIDENT, CHAIRMAN

03/11/2024

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

\_\_\_\_\_  
Date