**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 28, 2025**
**Secretary of State**
**1231049760CC**

DOCUMENT# L19000114953

**Entity Name:** TRANSCEND PERFORMANCE AND LIFESTYLE INSTITUTE, LLC

**Current Principal Place of Business:**

17425 SEVENTH STREET
SUITE 560174
MONTVERDE, FL 34756

**Current Mailing Address:**

17425 SEVENTH STREET
SUITE 560174
MONTVERDE, FL 34756 US

**FEI Number: 83-4659869**

**Certificate of Status Desired:** No

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

MARTIN, SEAN
17425 SEVENTH STREET
BOX 174
MONTVERDE, FL 34756 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 | MGR | Title | AUTHORIZED REPRESENTATIVE |
| Name | MARTIN, SEAN | Name | MARTIN, JOHANNA |
| Address | 17425 SEVENTH STREET<br>BOX 174 | Address | 17425 SEVENTH STREET<br>BOX 174 |
| City-State-Zip: | MONTVERDE FL 34756 | City-State-Zip: | MONTVERDE FL 34756 |

*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: SEAN MARTIN MGR 02/28/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date