2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2020
Secretary of State
4804279004CC

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Entity Name: THERAFIT PERSONAL TRAINING LLC

Current Principal Place of Business:

1050 NOTTINGHAM DRIVE
NAPLES, FL 34109

Current Mailing Address:

1050 NOTTINGHAM DRIVE
NAPLES, FL 34109 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FROST, SCOTT A
1050 NOTTINGHAM DRIVE
NAPLES, FL 34109 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	AR
Name	FROST, SCOTT
Address	1050 NOTTINGHAM DR
City-State-Zip:	NAPLES FL 34109

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: SCOTT FROST AR 06/07/2020

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