

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000213642

**Entity Name:** ADLIH FITNESS INSTRUCTION, LLC

**Current Principal Place of Business:**

135 CUPOLA LOOP  
POINCIANA/KISSIMMEE, FL 34759

**Current Mailing Address:**

POST OFFICE BOX 66491  
PORTLAND, OR 97290 US

**FEI Number:** 84-3090261

**Certificate of Status Desired:** Yes

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

IKE, HILDA A  
135 CUPOLA LOOP  
POINCIANA/KISSIMMEE, FL 34759 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            AMBR  
Name            IKE, HILDA  
Address        135 CUPOLA LOOP  
City-State-Zip: KISSIMMEE FL 34759

*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:** HILDA A. IKE

**MANAGER**

**02/22/2021**

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

\_\_\_\_\_ Date