

2024 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 IKE

MANAGER

01/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date