

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000279924

**Entity Name:** HOOD PERSONAL TRAINING LLC

**Current Principal Place of Business:**

1485 MASTERS CIRCLE  
APT 150  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1485 MASTERS CIRCLE  
APT 150  
DELRAY BEACH, FL 33445

**FEI Number:** 84-4185889

**Certificate of Status Desired:** No

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

HOOD, CALEB N  
1485 MASTERS CIRCLE  
APT 150  
DELRAY BEACH, FL 33445 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  
Name HOOD, CALEB N  
Address 1485 MASTERS CIRCLE, APT 150  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR  
Name HOOD, WILLIAM D II  
Address 1341 SW 19TH STREET  
City-State-Zip: BOCA RATON FL 33486

*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:** CALEB HOOD

**MANAGER**

**02/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date