

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000300020

**Entity Name:** BY HIS GRACE FITNESS UNITED, LLC

**Current Principal Place of Business:**

8320 SW 1ST STREET  
APT 102  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

8320 SW 1ST STREET  
APT 102  
PEMBROKE PINES, FL 33025 US

**FEI Number:** 84-3929664

**Certificate of Status Desired:** No

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

MILLER, MONIQUE A  
8320 SW 1ST STREET  
APT 102  
PEMBROKE PINES, FL 33025 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:** MONIQUE MILLER

07/10/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: CEO  
Name: MILLER, MONIQUE A  
Address: 8320 SW 1ST STREET  
APT 102  
City-State-Zip: PEMBROKE PINES FL 33025

Title: AUTHORIZED MEMBER  
Name: SMITH, ANGELLA M  
Address: 8320 SW 1ST STREET  
APT 102  
City-State-Zip: PEMBROKE PINES FL 33025

Title: AUTHORIZED MEMBER  
Name: SMITH, MALIKA B  
Address: 8320 SW 1ST STREET  
APT 102  
City-State-Zip: PEMBROKE PINES FL 33025

*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:** MONIQUE A MILLER

CEO

07/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date