

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000116731

**Entity Name:** J.A.M HEALTH & FITNESS LLC

**Current Principal Place of Business:**

405 PLAZA REAL  
BOCA RATON, FL 33432

**Current Mailing Address:**

2253 BLOODS GROVE CIRCLE  
DELRAY BEACH, FL 33445 US

**FEI Number:** 85-0943156

**Certificate of Status Desired:** No

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

JAM HEALTH & FITNESS LLC  
405 PLAZA REAL  
BOCA RATON, FL 33432 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:** KASSANDRA LOWER

03/11/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name LOWER, KASSANDRA  
Address 2253 BLOODS GROVE CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title MANAGER  
Name LOWER, JESSICA LYNN  
Address 2253 BLOODS GROVE CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title AUTHORIZED MEMBER  
Name PARTRIDGE, CHRISTOPHER  
Address 2228 NE 26TH ST  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** KASSANDRA LOWER

MANAGING MEMBER

03/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date