

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000126852

**Entity Name:** CROSSFIT DESTIN LLC

**Current Principal Place of Business:**

404 MOUNTAIN DRIVE  
UNIT D  
DESTIN, FL 32541

**Current Mailing Address:**

404 MOUNTAIN DRIVE  
UNIT D  
DESTIN, FL 32541 US

**FEI Number:** 85-1068940

**Certificate of Status Desired:** No

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

JONES, BRYAN C  
404 MOUNTAIN DRIVE  
UNIT D  
DESTIN, FL 32541 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             | Title           | MGR             |
| Name            | JONES, BRYAN C  | Name            | JONES, RACHEL L |
| Address         | PO BOX 5918     | Address         | PO BOX 5918     |
| City-State-Zip: | DESTIN FL 32540 | City-State-Zip: | DESTIN FL 32540 |

*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:** BRYAN CHRISTOPHER JONES

**PRINCIPAL**

**11/08/2021**

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

\_\_\_\_\_  
Date