

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000232250

**Entity Name:** PATRICK CUMMINGS HUMAN PERFORMANCE LLC

**Current Principal Place of Business:**

3609 NW 26TH ST  
GAINESVILLE, FL 32605

**Current Mailing Address:**

3609 NW 26TH ST  
GAINESVILLE, FL 32605 US

**FEI Number:** 85-2540182

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD, SUITE 415  
HOLLYWOOD, FL 33021 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 CUMMINGS, PATRICK M  
Address 3609 NW 26TH ST  
City-State-Zip: GAINESVILLE FL 32605

Title AMBR  
Name CUMMINGS, KAYLA F  
Address 3609 NW 26TH ST  
City-State-Zip: GAINESVILLE FL 32605

*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:** PATRICK CUMMINGS

MEMBER

03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date