

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000309991

**Entity Name:** ROBINSON & VAWTER FITNESS, LLC**Current Principal Place of Business:**530 REMINGTON FOREST DRIVE  
JACKSONVILLE, FL 32259**Current Mailing Address:**530 REMINGTON FOREST DRIVE  
JACKSONVILLE, FL 32259 US**FEI Number:** 87-1573227**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, KAILEY M  
530 REMINGTON FOREST DRIVE  
JACKSONVILLE, FL 32259 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	AR
Name	ROBINSON, KAILEY M
Address	530 REMINGTON FOREST DRIVE
City-State-Zip:	JACKSONVILLE FL 32259

Title	AR
Name	VAWTER, KELSEY L
Address	11001 ISADORA DRIVE
City-State-Zip:	CHESTERFIELD VA 23838

Title	AR
Name	VAWTER, WESLY R
Address	11001 ISADORA DRIVE
City-State-Zip:	CHESTERFIELD VA 23838

Title	AR
Name	ROBINSON, JARRETT
Address	530 REMINGTON FOREST DRIVE
City-State-Zip:	JACKSONVILLE FL 32259

*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:** KAILEY ROBINSON**REGISTERED AGENT****04/08/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date