

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000309991

**Entity Name:** ROBINSON & VAWTER FITNESS, LLC

**Current Principal Place of Business:**

525 SR 16  
SUITES 126-128  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

11001 ISADORA DRIVE  
CHESTERFIELD, VA 23838 US

**FEI Number:** 87-1573227

**Certificate of Status Desired:** No

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

ROBINSON, KAILEY M  
226 FIELD FLOWER WAY  
ST. AUGUSTINE, FL 32092 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 226 FIELD FLOWER WAY  
City-State-Zip: ST. AUGUSTINE FL 32092

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 226 FIELD FLOWER WAY  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** KELSEY VAWTER

**OWNER**

**03/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date