2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000089635

Entity Name: FITNESS VENTURES - SHAWNEE, LLC

Current Principal Place of Business:

999 DOUGLAS AVENUE, SUITE 3328 ALTAMONTE SPRINGS. FL 32714

Current Mailing Address:

999 DOUGLAS AVENUE, SUITE 3328 ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 88-1035648 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAM R. LOWMAN, JR., ESQ. SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801 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

FILED Feb 27, 2024

Secretary of State

2913419641CC

Authorized Person(s) Detail:

Title AMBR Title CEO

Name FITNESS VENTURES, LLC Name HIBBARD, BRIAN J

Address 999 DOUGLAS AVENUE, SUITE 3328 Address 999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT Title SECRETARY, TREASURER

Name TESCHKE, JEFFREY J Name CASELLA, KYLE A

Address 999 DOUGLAS AVENUE, SUITE 3328 Address 999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CFO

Name CAMERON, BRAD

Address 999 DOUGLAS AVENUE, SUITE 3328 City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: BRIAN J. HIBBARD

Electronic Signature of Signing Authorized Person(s) Detail

CEO 02/27/2024

Date