

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000165455

Entity Name: GALAXY FIT LAB LLC

Current Principal Place of Business:

895 WIGGINS PASS ROAD, UNIT 4
NAPLES, FL 34110

Current Mailing Address:

895 WIGGINS PASS ROAD, UNIT 4
NAPLES, FL 34110

FEI Number: 88-1913833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, JOHN R
6715 PENNYROYAL DR.
NAPLES, FL 34110 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 MGRM
Name JOHN WILLIAMS
Address 6715 PENNYROYAL DRIVE
City-State-Zip: NAPLES FL 34114

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: JOHN R WILLIAMS

MANAGER

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date