

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000427875

Entity Name: FITNESS VENTURES - EVANSVILLE, 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: 92-0629128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, JR., WILLIAM R. 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: WILLIAM R. LOWMAN, JR., ESQ.

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name FITNESS VENTURES, LLC
Address 999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CEO
Name HIBBARD, BRIAN J
Address 999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT
Name TESCHKE, JEFFREY J
Address 999 DOUGLAS AVENUE, SUITE 3328
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY, TREASURER
Name CASELLA, KYLE A
Address 999 DOUGLAS AVENUE, SUITE 3328
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

CEO

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date