

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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.

07/07/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	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

CEO

07/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date