

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000248290

Entity Name: AMPLIFIED LIFESTYLE LIVING LLC

Current Principal Place of Business:

4543 N PINE ISLAND RD
SUNRISE, FL 33351

Current Mailing Address:

4543 N PINE ISLAND RD
SUNRISE, FL 33351 US

FEI Number: 99-3281626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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 AMBR
Name PELLE, ANTHONY
Address 4543 N PINE ISLAND RD
City-State-Zip: SUNRISE FL 33313

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: ANTHONY PELLE

OWNER

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date