## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000350836

Entity Name: FL FIT LIFE LLC

**Current Principal Place of Business:** 

5321 PLANTATION HOME WAY PORT ORANGE, FL 32128

**Current Mailing Address:** 

5321 PLANTATION HOME WAY PORT ORANGE, FL 32128 US

FEI Number: 99-4476266 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARGRAVE, DANIEL 5321 PLANTATION HOME WAY PORT ORANGE, FL 32128 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 Apr 01, 2025

**Secretary of State** 

2858294828CC

## Authorized Person(s) Detail:

Title MGR

Name HARGRAVE, DANIEL

Address 5321 PLANTATION HOME WAY

City-State-Zip: PORT ORANGE FL 32128

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: DANIEL HARGRAVE

MANAGER

04/01/2025