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.

MANAGER

SIGNATURE: TRACY REYNOLDS

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000363592

Entity Name: REYNOLDS DOXTATOR FITNESS LLC

Current Principal Place of Business:

4750 BAYLINE DR UNITS 3 AND 4 NORTH FORT MYERS, FL 33917

Current Mailing Address:

2130 SE 6TH LANE CAPE CORAL, FL 33990

FEI Number: 85-3909904

Name and Address of Current Registered Agent:

REYNOLDS, TRACY A 2130 SE 6TH LANE CAPE CORAL, FL 33990 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

Authorized Person(s) Detail :

Title	AMGR	Title	AMGR
Name	REYNOLDS, TRACY A	Name	DOXTATOR, CHEYENNE F
Address	2130 SE 6TH LANE	Address	2837 NW 27TH AVE
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33993

FILED Jan 30, 2022 Secretary of State 0223923742CC

Date

Certificate of Status Desired: No

01/30/2022 Date