

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042882

**Entity Name:** MID LIFE LLC

**Current Principal Place of Business:**

C/O THE LLC  
2655 LE JEUNE ROAD, SUITE 815  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O THE LLC  
2655 LE JEUNE ROAD, SUITE 815  
CORAL GABLES, FL 33134

**FEI Number:** 20-0369873

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DELUCA, MATTHEW  
2655 LE JEUNE ROAD, SUITE 815  
CORAL GABLES, FL 33134 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	MGRM	Title	MGRM
Name	MID LIFE LLC	Name	MID LIFE LLC
Address	2655 LE JEUNE ROAD, SUITE 815	Address	145 MAIN STREET
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	PORT WASHINGTON NY 11050

*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:** HUMZA ARSHAD

**SENIOR ACCOUNTANT**

**01/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date