## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018721

Entity Name: AGAMEMVEST, LLC

**Current Principal Place of Business:** 

2549 BARRINGTON CIR TALLAHASSEE, FL 32308

## **Current Mailing Address:**

2549 BARRINGTON CIR TALLAHASSEE. FL 32308

FEI Number: 20-2742013 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JACOBS, JOSEPH W 2549 BARRINGTON CIR TALLAHASSEE, FL 32308 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 30, 2014

**Secretary of State** 

CC1822129218

## Authorized Person(s) Detail:

Title MGRM

Name JACOBS, JOSEPH W Address 2549 BARRINGTON CIR City-State-Zip: TALLAHASSEE FL 32308

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.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail