

**2021 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

**Authorized Person(s) Detail :**

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

Title	AUTHORIZED MEMBER
Name	THOMPSON, WILLIAM J
Address	2549 BARRINGTON CIR
City-State-Zip:	TALLAHASSEE FL 32308

Title	AUTHORIZED MEMBER
Name	GABEL, WILLIAM P
Address	2549 BARRINGTON CIR
City-State-Zip:	TALLAHASSEE FL 32308

Title	AUTHORIZED MEMBER
Name	MATLOCK, GEORGE V
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.*

**SIGNATURE:** WILLIAM GABEL

MBR

09/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date