

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095480

Entity Name: AGELESS MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

6224 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653

Current Mailing Address:

6224 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653 US

FEI Number: 20-3628363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKEY, TIMOTHY P
8108 SW 10TH PLACE
GAINESVILLE, FL 32607 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: TIMOTHY P. AKEY

02/18/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name AKEY, TIMOTHY PAUL
Address 6224 NW 43RD STREET
SUITE A
City-State-Zip: GAINESVILLE FL 32653

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: TIMOTHY P. AKEY

AMBR

02/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date