

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095480

**Entity Name:** AGELESS MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8108 SW 10TH PLACE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

6228 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.  
6228 NW 43RD STREET  
SUITE A  
GAINESVILLE, FL 32653 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

01/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	AKEY, TIMOTHY P.	Name	AKEY, ANGELI
Address	6228 NW 43RD STREET SUITE A	Address	6228 NW 43RD STREET SUITE A
City-State-Zip:	GAINESVILLE FL 32653	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

01/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date