

2018 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:

8108 SW 10TH PLACE
GAINESVILLE, FL 32607

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

04/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | MGRM | Title | MGRM |
| Name | AKEY, TIMOTHY P | Name | AKEY, ANGELI M |
| Address | 8108 SW 10TH PLACE | Address | 8108 SW 10TH PLACE |
| City-State-Zip: | GAINESVILLE FL 32607 | City-State-Zip: | GAINESVILLE FL 32607 |

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 PAUL AKEY

MGR

04/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date