

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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

03/03/2015

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 P. AKEY

MGR

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date