

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068892

**Entity Name:** AGESTOVIDE, LLC

**Current Principal Place of Business:**

5601 COLLINS AVE  
UNIT 706  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5601 COLLINS AVE  
UNIT 706  
MIAMI BEACH, FL 33140 US

**FEI Number:** 90-0545143

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACCOUNTANT & MANAGEMENT, INC.  
1549 NE 123RD ST  
NORTH MIAMI, FL 33161 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:** MOSES NAE

04/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DEMETRIO, AGUSTIN N  
Address 5601 COLLINS AVE  
UNIT 706  
City-State-Zip: MIAMI BEACH FL 33140

*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:** AGUSTIN N DEMETRIO

MGR

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date