## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000082335

Entity Name: AGA CPA'S & ADVISORS, LLC

ility Name. AGA OFA 3 & ADVISORS, LL

**Current Principal Place of Business:** 

142 W. LAKEVIEW AVE. SUITE 2084 LAKE MARY, FL 32746

**Current Mailing Address:** 

PO BOX 952783

LAKE MARY, FL 32795 US

FEI Number: 45-5545294 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOAQUIN , TORRES CPA 142 W. LAKEVIEW AVE. SUITE 2084 LAKE MARY, FL 32746 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: JOAQUIN TORRES 02/21/2020

Electronic Signature of Registered Agent

Date

FILED Feb 21, 2020

**Secretary of State** 

6864623125CC

## Authorized Person(s) Detail:

Title MGRM

Address

Name TORRES, JOAQUIN

142 W. LAKEVIEW AVE.

**SUITE 2084** 

City-State-Zip: LAKE MARY FL 32746

SIGNATURE: JOAQUIN TORRES

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

02/21/2020

Date