

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000180964

Entity Name: ON PURPOSE LYFE, LLC

Current Principal Place of Business:

20424 NW 8TH AVE
MIAMI GARDENS, FL 33169

Current Mailing Address:

P.O. BOX 1729
NEW CITY, NY 10956 US

FEI Number: 47-2420467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, MYRA
20424 NW 8TH AVE
MIAMI GARDENS, FL 33169 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: MYRA HAMILTON

04/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	STEVENSON, LAKEISHA	Name	STEVENSON, JESSE
Address	PO BOX 1729	Address	P.O. BOX 1729
City-State-Zip:	NEW CITY NY 10956	City-State-Zip:	NEW CITY NY 10956

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: LAKEISHA STEVENSON

MANAGER

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date