

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000003769

**Entity Name:** AT LIFESTYLE, LLC

**Current Principal Place of Business:**

916 LA SALLE AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

PO BOX 1454  
WINTER PARK, FL 32790 US

**FEI Number:** 47-1065627

**Certificate of Status Desired:** No

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

TINSLEY, AMANDA A  
916 LA SALLE AVE  
ORLANDO, FL 32803 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            TINSLEY, AMANDA A  
Address        916 LA SALLE AVE  
City-State-Zip: ORLANDO FL 32803

*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:** AMANDA TINSLEY

**OWNER**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date