

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000009705

Entity Name: AGELESS LIVING SOLUTIONS LLC

Current Principal Place of Business:

19514 LOST CREEK DRIVE
FORT MYERS, FL 33967

Current Mailing Address:

19514 LOST CREEK DRIVE
FORT MYERS, FL 33967 US

FEI Number: 81-2484269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAFORME, MICHELLE J
19514 LOST CREEK DRIVE
ESTERO, FL 33967 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 CEO
Name LAFORME, MICHELLE J
Address 19514 LOST CREEK DRIVE
City-State-Zip: ESTERO FL 33967

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: MICHELLE LAFORME

CEO

04/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date