

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000084062

**Entity Name:** AGB SERVICES LLC

**Current Principal Place of Business:**

5109 CLARENCE GORDON JR RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

5109 CLARENCE GORDON JR RD  
PLANT CITY, FL 33567 US

**FEI Number:** 81-2496681

**Certificate of Status Desired:** No

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

SWAN BERGFELD, ALEX  
5109 CLARENCE GORDON JR RD  
PLANT CITY, FL 33567 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 MGR  
Name BERGFELD, GARY  
Address 5109 CLARENCE GORDON JR RD  
City-State-Zip: PLANT CITY FL 33567

Title MGR  
Name SWAN BERGFELD, ALEX  
Address 5109 CLARENCE GORDON JR RD  
City-State-Zip: PLANT CITY FL 33567

*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:** GARY BERGFELD

**MANAGER**

**02/05/2019**

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

\_\_\_\_\_  
Date