

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000201208

**Entity Name:** UNIFYONELIFE, LLC

**Current Principal Place of Business:**

148 VAGABOND WAY  
ALTAMONTE SPRING, FL 32714

**Current Mailing Address:**

148 VAGABOND WAY  
ALTAMONTE SPRING, FL 32714 US

**FEI Number:** 81-4327361

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST 4TH FLOOR  
MIAMI, FL 33145 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 TRAN, MANH  
Address 148 VAGABOND WAY  
City-State-Zip: ALTAMONONTE SPRING FL 32714

Title MGRS  
Name TA, SI  
Address 1801 E COLONIAL DR STE 217  
City-State-Zip: ORLANDO FL 32803

Title T  
Name LE, THAI Q  
Address 1801 E COLONIAL DR STE 217  
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:** MANH VAN TRAN

**MANAGER**

**05/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date