

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000015086

**Entity Name:** THE SYSTEM LIFE LLC

**Current Principal Place of Business:**

1475 NE 125TH TERRACE  
APT.405  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1475 NE 125TH TERRACE  
APT.405  
NORTH MIAMI, FL 33161 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

APPEL, DAVID S  
1475 NE 125TH TERRACE  
APT.405  
NORTH MIAMI, FL 33161 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            AMBR  
Name            APPEL, DAVID S  
Address        1475 NE 125TH TERRACE  
                  APT.405  
City-State-Zip: NORTH MIAMI FL 33161

*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:** DAVID APPEL

**CREATOR**

**04/21/2023**

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

\_\_\_\_\_  
Date