

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000110997

**Entity Name:** BFLIFE, LLC

**Current Principal Place of Business:**

4360 GULFSHORE BLVD.  
SUITE 604  
NAPLES, FL 34103

**Current Mailing Address:**

4360 GULFSHORE BLVD.  
SUITE 604  
NAPLES, FL 34103

**FEI Number:** 82-1706781

**Certificate of Status Desired:** No

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

PRESLEY, ROBERT ESQ  
1045 SOUTH STATE ROAD 7  
WELLINGTON, FL 33414 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            HEDGEPATH, ROBERT DMD  
Address        4360 GULFSHORE BLVD., SUITE 604  
City-State-Zip: NAPLES FL 34103

Title            AMBR  
Name            FANTA, MARK  
Address        4360 GULFSHORE BLVD., SUITE 604  
City-State-Zip: NAPLES FL 34103

*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:** ROBERT C HEDGEPATH

AMBR

01/23/2018

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

\_\_\_\_\_  
Date