

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000112117

Entity Name: AGLIFE, LLC

Current Principal Place of Business:

12995 S. CLEVELAND AVE.
STE. 208
FORT MYERS, FL 33907

Current Mailing Address:

12995 S. CLEVELAND AVE.
STE. 208
FORT MYERS, FL 33907

FEI Number: 83-4521708

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINROW, GARY J
8241 ARBORFIELD COURT
FT.MYERS, FL 33912 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	Title	MANAGER
Name	ONTERMAA, ESA	Name	WINROW, GARY
Address	2640 GREEN ACRE DRIVE	Address	8241 ARBORFIELD CT
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	FORT MYERS FL 33912

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 WINROW

MANAGER

04/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date