

**2022 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 US

**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           MANAGER  
Name           WINROW, GARY  
Address        8241 ARBORFIELD CT  
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

MGMR

04/26/2022

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

\_\_\_\_\_  
Date