

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000152214

**Entity Name:** UEXPERIENCCELIFE, LLC

**Current Principal Place of Business:**

337 BAY VISTA AVE  
OSPREY, FL 34229

**Current Mailing Address:**

337 BAY VISTA AVE  
OSPREY, FL 34229

**FEI Number:** 84-3251002

**Certificate of Status Desired:** No

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

RODRIGUEZ, FABIOLA N  
337 BAY VISTA AVE  
OSPREY, FL 34229 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	Title	AMBR
Name	RODRIGUEZ, FABIOLA N	Name	RODRIGUEZ, RANDY A
Address	337 BAY VISTA AVE	Address	337 BAY VISTA AVE
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229

*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: RANDY RODRIGUEZ**

**MANAGER**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date