

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000192849

Entity Name: SIMPLE LIFE VENTURES, LLC**Current Principal Place of Business:**135 2ND AVE. NORTH, STE. 3
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**135 2ND AVE. NORTH, STE. 3
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 35-2670304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCANN, MICHAEL
135 2ND AVE. NORTH, STE. 3
JACKSONVILLE BEACH, FL 32250 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	CHAIRMAN
Name	MCCANN, MICHAEL T
Address	135 2ND AVE. NORTH, STE. 3
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	JACKSON, WOLFE
Address	135 2ND AVE. NORTH, STE. 3
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	GOLIGHTLY, WAYNE
Address	135 2ND AVE. NORTH, STE. 3
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	TERRY, STEVEN
Address	135 2ND AVE. NORTH, STE. 3
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: MCCANN , MICHAEL**MGR****01/24/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date