

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000277937

**Entity Name:** ECOM LIFE PRO LLC.

**Current Principal Place of Business:**

1600 S OCEAN DR  
APT. 1E  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1600 S OCEAN DR  
APT. 1E  
HOLLYWOOD, FL 33019 UN

**FEI Number:** 84-3772404

**Certificate of Status Desired:** Yes

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

GONASTAREV, GRIGORY  
1600 S OCEAN DR  
APT. 1E  
HOLLYWOOD, FL 33019 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 CFO  
Name GONASTAREV, GRIGORY  
Address 1600 S OCEAN DR, APT. 1E  
City-State-Zip: HOLLYWOOD FL 33019

Title CEO  
Name KIREEK, KIRILL  
Address 1600 S OCEAN DR, APT. 1E  
City-State-Zip: HOLLYWOOD FL 33019

Title COO  
Name PANASENKO, KIRILL  
Address 1600 S OCEAN DR, APT. 1E  
City-State-Zip: HOLLYWOOD FL 33019

*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:** GRIGORY GONASTAREV

CFO

05/20/2020

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

\_\_\_\_\_  
Date