

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000282059

**Entity Name:** 25 PRO LIFE LLC

**Current Principal Place of Business:**

7901 4TH ST N,  
SUITE 4000  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

191 MONACO WAY  
SUITE 1  
DELRAY BEACH, FL 33446 US

**FEI Number:** 84-4196374

**Certificate of Status Desired:** No

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

REGISTERED AGENT INC.  
7901 4THST N  
SUITE 4000  
ST PETERSBURG, FL 33702 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  
Name AV PLANNING TRUST  
Address 191 MONACO WAY  
City-State-Zip: DELRAY BEACH FL 33446

*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:** AV PLANNING TRUST

MGR

04/19/2021

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

\_\_\_\_\_  
Date