

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000248734

**Entity Name:** AMANDA ASHLEY LIFE, LLC

**Current Principal Place of Business:**

9200 NW 39TH AVE  
#3074  
GAINESVILLE, FL 32606

**Current Mailing Address:**

9200 NW 39TH AVE  
#3074  
GAINESVILLE, FL 32606 US

**FEI Number:** 85-4160501

**Certificate of Status Desired:** No

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

TAYLOR, AMANDA  
5410 NW 20TH CT  
UNIT B  
GAINESVILLE, FL 32653 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:** AMANDA TAYLOR

03/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name AMANDA, TAYLOR  
Address 5410 NW 20TH CT  
B  
City-State-Zip: GAINESVILLE FL 32653

*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:** AMANDA TAYLOR

OWNER

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date