

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 03, 2000 08:00 AM**
Secretary of State**DOCUMENT # L96000000840****1. Entity Name**
AGILE, LLC**Principal Place of Business**8301 ELM PARK DR
#632
ORLANDO
32821**Mailing Address**14 CLOVERWOOD DRIVE
BROCKPORT
14420**2. Principal Place of Business**

8037 BRIDGESTONE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State**Zip**

32835

Country**Zip****Country****4. FEI Number****59-3395110****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHAGE MICHAEL JOSEPH
8301 ELM PARK DR
#632
ORLANDO
32821

FL

7. Name and Address of New Registered Agent**Name**

HAGE MICHAEL JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

8037 BRIDGESTONE DRIVE

City

ORLANDO

FL**Zip Code**
32835**8. 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 MICHAEL J. HAGE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/03/2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS/MEMBERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAGE PAMELA M	
STREET ADDRESS	14 CLOVERWOOD DRIVE	
CITY-ST-ZIP	BROCKPORT NY 14420	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAGE MICHAEL JOSEPH	
STREET ADDRESS	2572 ROBERT TRENT JONES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGE MICHAEL J	
STREET ADDRESS	8037 BRIDGESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.