

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000840

1. Entity Name

Agile, LLC

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8037 Bridgestone Dr.  
Orlando, FL 32835

14 clovenwood Dr.  
Brockport, NY.  
14420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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 Agent:

Hage, Michael Joseph  
8037 Bridgestone Dr.  
Orlando, FL 32835

7. Name and Address of New Registered Agent

Name Margaret Briggs

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

920 Intra Coastal Dr. Apt #2

City Ft. Lauderdale

FL

Zip Code 33304

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 X Margaret Briggs

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

(NOTE: Registered Agent signature required when reinstating)

4/3/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900004035849--2

-04/20/01--01086--005

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME Hage, Michael J  
STREET ADDRESS 8037 Bridgestone Dr  
CITY-ST-ZIP Orlando, FL 32835

TITLE MGRM ☐ Delete  
NAME Hage, Pamela M.  
STREET ADDRESS 14 clovenwood Dr.  
CITY-ST-ZIP Brockport NY 14420

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Hage, Michael ☒ Change ☐ Addition  
NAME 14 clovenwood Dr.  
STREET ADDRESS Brockport, N.Y. 14420  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE: X Michael Hage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/01

Date

Daytime Phone #

CR2E083 (11/00)