

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90005 036 ****55.00

DOCUMENT # L96000000840

1. Entity Name
AGILE, LLC



Principal Place of Business
**8037 BRIDGESTONE DRIVE
ORLANDO FL 32835**

Mailing Address
**14 CLOVERWOOD DRIVE
BROCKPORT NY 14420**

2. Principal Place of Business
7528 Bay Port Rd.
Suite, Apt. #, etc.

3. Mailing Address
7528 Bay Port Rd.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3395110

Applied For
☐ Not Applicable

Zip
32819
Country
Orange

Zip
32819
Country
Orange

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRIGGS, MARGARET
920 INTRACOASTAL DR., APT #2
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name
Mike Hage

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

7528 Bay Port Rd.

City
Orlando

FL

Zip Code
32819

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

3-5-03
DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAGE, MICHAEL J
14 CLOVERWOOD DRIVE
BROCKPORT NY 14420** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAGE, MICHAEL J
7528 Bay Port Rd.
Orlando, FL 32819** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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: SIGNATURE REQUIRED

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

3-5-03

Date

407-284-7834

Daytime Phone #

0069445

CR2E083 (10/02)