

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035908

**Entity Name:** CAGS PROPERTY SERVICES, LLC**Current Principal Place of Business:**8911 NW 19TH STREET  
CORAL SPRINGS, FL 33071**Current Mailing Address:**8911 NW 19TH STREET  
CORAL SPRINGS, FL 33071**FEI Number:** 76-0829754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODWIN, CRAIG  
8911 NW 19TH STREET  
CORAL SPRINGS, FL 33071 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           | MGRM                   |
| Name            | GOODWIN, CRAIG         |
| Address         | 8911 NW 19TH STREET    |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                        |
|-----------------|------------------------|
| Title           | AUTHORIZED MEMBER      |
| Name            | DUNN, SABRINA          |
| Address         | 8911 NW 19TH STREET    |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                        |
|-----------------|------------------------|
| Title           | MGRM                   |
| Name            | GOODWIN, ALEXANDRA     |
| Address         | 8911 NW 19TH STREET    |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                        |
|-----------------|------------------------|
| Title           | AUTHORIZED MEMBER      |
| Name            | GOODWIN, GLENN         |
| Address         | 8911 NW 19TH STREET    |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

*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:** ALEXANDRA GOODWIN

MGRM

02/13/2020

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