

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068892

**Entity Name:** AGESTOVIDE, LLC

**Current Principal Place of Business:**

C/O GARCIA & GARCIA, CPAS, P.A.  
8221 CORAL WAY  
MIAMI, FL 33155

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC0126711566**

**Current Mailing Address:**

C/O GARCIA & GARCIA, CPAS, P.A.  
8221 CORAL WAY  
MIAMI, FL 33155

**FEI Number:** 90-0545143

**Certificate of Status Desired:** No

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

GARCIA, FEDERICO  
8221 CORAL WAY  
MIAMI, FL 33155 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	MGR	Title	MGR
Name	DEMETRIO, VICTOR A	Name	DEMETRIO, AGUSTIN N
Address	8221 CORAL WAY	Address	8221 CORAL WAY
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
Title	MGR		
Name	DEMETRIO, ESTEFANIA		
Address	8221 CORAL WAY		
City-State-Zip:	MIAMI FL 33155		

*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:** AGUSTIN DEMETRIO

**MGM MEMBER**

**04/24/2014**

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

\_\_\_\_\_  
Date