## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000115388

Entity Name: MODUS LIFE, LLC

**Current Principal Place of Business:** 

10014 N. DALE MABRY HIGHWAY **SUITE 216** 

TAMPA, FL 33618

## **Current Mailing Address:**

5340 W KENNEDY BLVD, UNIT 450 TAMPA, FL 33609 US

FEI Number: 46-3438378 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Apr 23, 2017

**Secretary of State** 

CC6596852204

## Authorized Person(s) Detail:

Title **MGRM** 

FRAZIER, SONYA Name

Address 5340 W KENNEDY BLVD

450

City-State-Zip: TAMPA FL 33609

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: SONYA FRAZIER **OWNER** Electronic Signature of Signing Authorized Person(s) Detail

04/23/2017 Date