

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000162391

**Entity Name:** VINTEDGELIFE LLC

**Current Principal Place of Business:**

3900 GALT OCEAN DRIVE  
#511  
FT LAUDERDALE , FL 33308

**Current Mailing Address:**

3900 GALT OCEAN DRIVE  
#511  
FT LAUDERDALE , FL 33308 US

**FEI Number:** 47-5149269

**Certificate of Status Desired:** No

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

HART, JOHN N  
3900 GALT OCEAN DRIVE  
#511  
FT LAUDERDALE , FL 33308 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  
Name JAPSON, BEATRIZ J  
Address 3900 GALT OCEAN DRIVE  
#511  
City-State-Zip: FT LAUDERDALE FL 33308

Title MGR  
Name HART, JOHN N  
Address 3900 GALT OCEAN DRIVE  
#511  
City-State-Zip: FT LAUDERDALE FL 33308

Title MGR  
Name JAPSON, PATRICIA  
Address 3900 GALT OCEAN DRIVE  
#511  
City-State-Zip: FT LAUDERDALE FL 33308

*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:** JOHN N HART

**MANAGER**

**06/04/2020**

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

\_\_\_\_\_  
Date