

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000182323

**Entity Name:** ARFIDLIFE, LLC

**Current Principal Place of Business:**

2390 TAMIAMI TRAIL N  
SUITE 202  
NAPLES, FL 34103

**Current Mailing Address:**

2390 TAMIAMI TRAIL N  
SUITE 202  
NAPLES, FL 34103 US

**FEI Number:** 83-1440214

**Certificate of Status Desired:** No

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

SUNDI FAITH CPA  
2390 TAMIAMI TRAIL N  
SUITE 202  
NAPLES, FL 34103 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:** SUNDI FAITH

04/13/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           PURTLE, MARY  
Address        430 29TH NW  
City-State-Zip: NAPLES FL 34120

*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:** MARY PURTLE

MGR

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date