

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000233142

Entity Name: ONE LIFE INSURANCE AGENCY LLC

Current Principal Place of Business:

18501 PINES BLVD
SUITE 201
PEMBROKE PINES, FL 33029

Current Mailing Address:

18501 PINES BLVD
SUITE 201
PEMBROKE PINES, FL 33029 US

FEI Number: 83-2161966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONILLA, JOSE
18340 NW 62ND AVE
404
HIALEAH, FL 33015 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 AMBR
Name BONILLA, JOSE
Address 18340 NW 62ND AVENUE
APT 404
City-State-Zip: HIALEAH FL 33015

Title AMBR
Name FLEITAS, YAISSY
Address 18340 NW 62ND AVENUE
APT 404
City-State-Zip: HIALEAH FL 33015

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: JOSE BONILLA

AMBR

03/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date