

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000382714

**Entity Name:** AGICORP SOLUTIONS LLC

**Current Principal Place of Business:**

3593 CONROY RD  
APT 429  
ORLANDO, FL 32839

**Current Mailing Address:**

3593 CONROY RD  
APT 429  
ORLANDO, FL 32839 US

**FEI Number:** 93-2998389

**Certificate of Status Desired:** No

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

AGIBERT, GABRYEL G  
3593 CONROY RD  
APT 429  
ORLANDO, FL 32839 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 MGRM  
Name AGIBERT, GABRYEL G  
Address 3593 CONROY RD APT 429  
City-State-Zip: ORLANDO FL 32839

*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:** GABRYEL AGIBERT

**OWNER**

**02/09/2024**

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

\_\_\_\_\_  
Date