

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002229

**Entity Name:** AGBLLC OF FLORIDA, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

C/O BOND, SCHOENECK & KING, PLLC  
22 CORPORATE WOODS BLVD SUITE 501  
ALBANY, NY 12211

**Current Mailing Address:**

C/O BOND, SCHOENECK & KING, PLLC  
22 CORPORATE WOODS BLVD SUITE 501  
ALBANY, NY 12211 US

**FEI Number:** 65-0927001

**Certificate of Status Desired:** No

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

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DR.  
STE 350  
FORT MYERS, FL 33907 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 FORT MYERS MANAGEMENT INC.  
Address 22 CORPORATE WOODS BLVD  
SUITE 501  
City-State-Zip: ALBANY NY 12211

*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 R. ALDRICH

TREASURER OF  
MANAGER FT MYERS  
MANAGEMENT

04/23/2018

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

Date