

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074387

FILED
Apr 27, 2012
Secretary of State

Entity Name: AGAPE ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

7306 MAPLE TREE DRIVE
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

5526 ARLINGTON RD
JACKSONVILLE, FL 32211 US

Current Mailing Address:

P O BOX 2768
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 36-4704233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOISETTE, AALIYAH J
7306 MAPLE TREE DRIVE
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

NOISETTE, AALIYAH J
5526 ARLINGTON RD
JACKSONVILLE, FL 32211 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: AALIYAH NOISETTE

04/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NOISETTE, AALIYAH J
Address: P O BOX 2768
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: MGR
Name: LOCKETT, VONTRES
Address: 12042 PROSPECT CREEK
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VONTRES LOCKETT

MGR

04/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date