

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074387

FILED
Apr 30, 2014
Secretary of State
CC8152211691

Entity Name: AGAPE ASSISTED LIVING FACILITY AND ADULT DAYCARE, LLC

Current Principal Place of Business:

4819 SOUTEL DR
JACKSONVILLE, FL 32208

Current Mailing Address:

P O BOX 2768
JACKSONVILLE, FL 32203 US

FEI Number: 36-4704233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOISETTE, AALIYAH J
4819 SOUTEL DRIVE
JACKSONVILLE, FL 32208 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 NOISETTE, AALIYAH J
Address P O BOX 2768
City-State-Zip: JACKSONVILLE FL 32203

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: AALIYAH J. NOISETTE

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date