

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074387

Entity Name: AGAPE ASSISTED LIVING FACILITY LLC

Current Principal Place of Business:

12042 PROSPECT CREEK DR
JACKSONVILLE, FL 32218

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
12042 PROSPECT CREEK DR
JACKSONVILLE, FL 32218 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

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VONTRES LOCKETT

MGR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date