

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074387

Entity Name: AGAPE CARE SERVICES OF FL, LLC

Current Principal Place of Business:

1417 W 15TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

221 N HOGAN ST
SUITE 390
JACKSONVILLE, FL 32202 US

FEI Number: 36-4704233

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CEASER, MICHAEL
1840 SOUTHSIDE BLVD
SUITE 2A
JACKSONVILLE, FL 32216 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: MICHAEL CEASER

04/26/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	NOISETTE, AALIYAH J	Name	BURTON, MEGAN
Address	P O BOX 2768	Address	221 N HOGAN ST SUITE 390
City-State-Zip:	JACKSONVILLE FL 32203	City-State-Zip:	JACKSONVILLE FL 32202

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 NOISETTE

MGR

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date