

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074387

Entity Name: AGAPE CARE SERVICES OF FL, LLC

Current Principal Place of Business:

221 N HOGAN ST STE 390
JACKSONVILLE, FL 32202

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

05/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HENLEY, AALIYAH NOISETTE
Address P O BOX 2768
City-State-Zip: JACKSONVILLE FL 32203

Title MGR
Name BURTON, MEGAN
Address 221 N HOGAN ST
SUITE 390
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 HENLEY

OWNER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date