

**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