

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000074387

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

**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**1451830383CR**

**Current Principal Place of Business:**

221 N HOGAN ST  
SUITE 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**

**03/19/2019**

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 NOISETTE**

**MGR**

**03/19/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date