

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000074387

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

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