Electronic Signature of Signing Authorized Person(s) Detail

### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000209864

Entity Name: AGAPE HOME BUYERS, LLC

## **Current Principal Place of Business:**

301 MISSION DRIVE **SUITE 1695** NEW SMYRNA BEACH, FL 32170

#### **Current Mailing Address:**

301 MISSION DRIVE **SUITE 1695** NEW SMYRNA BEACH, FL 32170

### FEI Number: 81-0932209

### Name and Address of Current Registered Agent:

WYLIE & ASSOCIATES, LLC 1601 PARK CENTER DR. SUITE 6A ORLANDO, FL 32835 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	: HEATHER WYLIE			04/09/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	DATES, DAVID J	Name	DATES, MARLENA K	
Address	301 MISSION DRIVE, SUITE 1695	Address	301 MISSION DRIVE, SUITE 169	95
City-State-Zip:	NEW SMYRNA BEACH FL 32170	City-State-Zip:	NEW SMYRNA BEACH FL 3217	70

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: MARLENA K DATES

04/09/2021 AUTHORIZED MEMBER

# FILED Apr 09, 2021 Secretary of State 8295645719CC

Certificate of Status Desired: No

Date