## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000213218

**Entity Name: AGAPE TRINITY LLC** 

**Current Principal Place of Business:** 

116 INDIAN HILLS DR

FT PIERCE, FL 34982

**Current Mailing Address:** 

116 INDIAN HILLS DR FT PIERCE, FL 34982 US

FEI Number: 81-0981064 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SORRELL, ALBERT 116 INDIAN HILLS DR FT PIERCE, FL 34982 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.

Title

**AMBR** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Feb 03, 2017

**Secretary of State** 

CC0138676793

Authorized Person(s) Detail:

Title **AMBR** 

SORRELL, ALBERT SORRELL, MARJORIE Name Name 116 INDIAN HILLS DR 116 INDIAN HILLS DR Address Address City-State-Zip: FORT PIERCE FL 34982 FORT PIERCE FL 34982 City-State-Zip:

Title **AMBR** 

STOLTZ, CATHERINE Name

Address 5514 BIRCH DR

FORT PIERCE FL 34982 City-State-Zip:

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: CATHERINE STOLTZ

**AMBR** 

02/03/2017