

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000038352

**Entity Name:** AGAPE CHIROPRACTIC LLC

**Current Principal Place of Business:**

1871 WELLS RD  
UNIT 7  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1871 WELLS RD  
UNIT 7  
ORANGE PARK, FL 32073 US

**FEI Number:** 83-0535739

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

AGAPE CHIROPRACTIC  
1871 WELLS RD  
UNIT 7  
ORANGE PARK, FL 32073 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:** ROBERT MORRIS

03/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MORRIS, ROBERT E  
Address 4188 HEATHERBROOK PLACE  
City-State-Zip: MIDDLEBURG FL 32068

Title AMBR  
Name TERI, MORRIS J  
Address 4188 HEATHERBROOK PLACE  
City-State-Zip: MIDDLEBURG FL 32068

*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:** ROBERT MORRIS

MGR

03/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date