2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2023
Secretary of State
9427566575CC

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: No

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 05/01/2023

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	MORRIS, ROBERT E	Name	TERI, MORRIS J
Address	8972 BRIDGECREEK DR UNIT 7	Address	8972 BRIDGECREEK DR UNIT 7
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

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 05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date