

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000082930

**Entity Name:** NATURAL AGAPE, LLC

**Current Principal Place of Business:**

9463 WORDSMITH WAY  
JACKSONVILLE, FL 32222

**Current Mailing Address:**

9463 WORDSMITH WAY  
JACKSONVILLE, FL 32222 US

**FEI Number:** 82-5188163

**Certificate of Status Desired:** Yes

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

BROWN, AUNDREA  
9463 WORDSMITH WAY  
JACKSONVILLE, FL 32222 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            BROWN, AUNDREA  
Address        9463 WORDSMITH WAY  
City-State-Zip: JACKSONVILLE FL 32222

*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:** AUNDREA BROWN

**OWNER**

**03/07/2019**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date