

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066845

1. Entity Name  
CM AGAPE, LLC



Principal Place of Business  
1722 NW 97 TERR  
CORAL SPRINGS, FL 33071 US

Mailing Address  
1722 NW 97 TERRACE  
CORAL SPRINGS, FL 33071 US

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



07042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1921039

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BENNETT, LEROY  
1722 NW 97 TERRACE  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000953807  
07/09/08-80006-021 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BENNETT, LEROY
STREET ADDRESS	1722 N.W. 97 TERR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	GUSTAFSSON, PER E
STREET ADDRESS	5473 NE 3RD TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGRM
NAME	SIMON, DANIEL
STREET ADDRESS	3556 N UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_