

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000046545

1. Entity Name
AGAPE HEALTH GROUP, LLC



Principal Place of Business
PO BOX 19427
JACKSONVILLE, FL 32245

Mailing Address
PO BOX 19427
JACKSONVILLE, FL 32245



04082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4922173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOILANEN, THOMAS
1309 ST JOHNS BLUFF RD N
104
JACKSONVILLE, FL 32225

**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
After May 1, 2008 Fee will be \$538.75

000000936762
05/27/08-80023-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIZON, ALEJANDRO 6079 WAKULA SPRINGS DR JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABREA, LETICIA 7819 MOUNT RAINIER DR JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIZON, LIBERTY 6079 WAKULA SPRINGS DR JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #