

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046545

Entity Name: AGAPE HEALTH GROUP, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 19427
JACKSONVILLE, FL 32245

New Principal Place of Business:

161 HAMPTON POINT DR
ST AUGUSTINE, FL 32092

Current Mailing Address:

PO BOX 19427
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 20-4922173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIZON, ALEJANDRO
Address: 6079 WAKULA SPRINGS DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: ABREA, LETICIA
Address: 7819 MOUNT RAINIER DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: DIZON, LIBERTY
Address: 6079 WAKULA SPRINGS DR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALEJANDRO DIZON

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date