

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046545

Entity Name: AGAPE HEALTH GROUP, LLC

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

161 HAMPTON POINT DR
ST AUGUSTINE, FL 32092

New Principal Place of Business:

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
Name: DIZON, ALEJANDRO
Address: 6079 WAKULA SPRINGS DR
City-St-Zip: JACKSONVILLE, FL 32258

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

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

I hereby 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: LETICIA R ABREA

MBR

04/29/2011

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