## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L06000075617

1. Entity Name AGAPE, LLC



FILED Jan 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4206 WINDING VINE COURT BRANDON, FL 33511 US 4206 WINDING VINE COURT BRANDON, FL 33511 US



01072008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number                   | • | Applied For       |
|---------------------------------|---|-------------------|
| NOT APPLICABLE                  |   | Not Applicable    |
| 5 Cartificate of Status Deelrad | П | \$5.00 Additional |

6. Name and Address of Current Registered Agent

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

LAW OFFICES OF MARA SHAUGHNESSY, P. A. 5904 JAEGERGLEN DRIVE LITHIA, FL 33547

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| 8 | <ol><li>The above named entity submits this statement for the purpose of changing its registered office or</li></ol> | r registered agent, or both, in the State of Florida. | I am familiar with, and accept |
|---|--|---|--------------------------------|
|   | the obligations of registered agent.   | •   |                                |
|   |  | U000007   | 78866                          |

SIGNATURE \_\_\_\_

(OTE: Registered Agent manthurs required when reinstrung)

<del>01/11/08–8**20**14–018 138.</del>75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| <b>U</b> .   | MANAGING MEMBERS/MANAGERS  |  |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM ALMEIDA, RAUL 4206 WINDING VINE COURT BRANDON, FL 33511     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM ALMEIDA, JEANETTE 4206 WINDING VINE COURT BRANDON, FL 33511 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |
| Title<br>Name<br>Street Address<br>City-St-Zip   |  |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the ex- |  |  |

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11. I hereby certify that the information supplied with this filling 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: 200 TYPED OR PRINTED HAME OF

Date Date

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