

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040222

FILED
Aug 24, 2008
Secretary of State

Entity Name: AGAPE HEALTH CENTER OF THE PALM BEACHES, LLC

Current Principal Place of Business:

1071 W 3RD STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1071 W 3RD STREET
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS-MARSHALL, CERETHA
1071 W 3RD STREET
RIVIERA BEACH, FL 33404 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: THOMAS-MARSHALL, CERETHA M
Address: 1071 W 3RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MGRM () Delete
Name: MACDOUGALL, SHARON R
Address: 352 GARDEN BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: THOMAS, MARIA
Address: 215 S.E 22ND AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM (X) Delete
Name: HENRY, BERNADINE
Address: 1401 VILLAGE BLVD #1323
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM (X) Delete
Name: ERIE-PRESTON, MARGARETH
Address: 2500 LITTLEROCK CT.
City-St-Zip: WELLINGTON, FL 33414

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:

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: CERETHA THOMASMARSHA

MGM

08/24/2008

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