

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000068609

**FILED**  
**Sep 28, 2009**  
**Secretary of State**

**Entity Name:** AGAPE ACCESSORIES & MORE, LLC.

**Current Principal Place of Business:**

410 NW 68TH AVE  
114  
PLANTATION, FL 33317 BR

**New Principal Place of Business:**

**Current Mailing Address:**

410 NW 68TH AVE  
114  
PLANTATION, FL 33317 BR

**New Mailing Address:**

**FEI Number:** 30-0428717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

**Name and Address of New Registered Agent:**

FALCHER, JENNIFER  
410 NW 68TH AVE  
114  
PLANTATION, FL 33317 US

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: JENNIFER FALCHER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: FALCHER, JENNIFER  
Address: 410 NW 68TH AVE, 114  
City-St-Zip: PLANTATION, FL 33317

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: JENNIFER FALCHER

MGR

09/28/2009

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