

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065794

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** AGAPE DONATION CHRIOPRACTIC PLLC

**Current Principal Place of Business:**

3759 EXUMA WAY  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

3759 EXUMA WAY  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 27-0551610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

MULL, KEITH C ADMSTR  
3759 EXUMA WAY  
NAPLES, FL 34119 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: KEITH C. MULL

04/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MULL, DARCI D DR  
Address: 3759 EXUMA WAY  
City-St-Zip: NAPLES, FL 34119

Title: S  
Name: MULL, DARCI D DR  
Address: 3759 EXUMA WAY  
City-St-Zip: NAPLES, FL 34119

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: DR. DARCI D. MULL

MGR

04/24/2010

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