

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074387

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** AGAPE ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

7306 MAPLE TREE DRIVE  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

5526 ARLINGTON RD  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

P O BOX 2768  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:** 36-4704233      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NOISETTE, AALIYAH J  
7306 MAPLE TREE DRIVE  
JACKSONVILLE, FL 32277 US

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

NOISETTE, AALIYAH J  
5526 ARLINGTON RD  
JACKSONVILLE, FL 32211 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: AALIYAH NOISETTE

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** NOISETTE, AALIYAH J  
**Address:** P O BOX 2768  
**City-St-Zip:** JACKSONVILLE, FL 32203 US

**Title:** MGR  
**Name:** LOCKETT, VONTRES  
**Address:** 12042 PROSPECT CREEK  
**City-St-Zip:** JACKSONVILLE, FL 32218

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: VONTRES LOCKETT

MGR

04/27/2012

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