

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000135471

FILED
Apr 28, 2012
Secretary of State

Entity Name: AGAPELIFE HEALTH GROUP, LLC

Current Principal Place of Business:

12625 WOODED BLUFF COURT
JACKSONVILLE, FL 32226

New Principal Place of Business:

12187 BEACH BLVD.
7
JACKSONVILLE, FL 32246

Current Mailing Address:

12625 WOODED BLUFF COURT
JACKSONVILLE, FL 32226

New Mailing Address:

3545 ST. JOHNS BLUFF ROAD SOUTH
1-214
JACKSONVILLE, FL 32224

FEI Number: 45-4124847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HART, ANDREA I
12625 WOODED BLUFF COURT
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

HART, ANDREA I
12187 BEACH BLVD
7
JACKSONVILLE, FL 32246 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:

04/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HART, ANDREA I
Address: 12187 BEACH BLVD #7
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: HART, ROYCE B JR
Address: 12187 BEACH BLVD. #7
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: CARROLL, ERNESTINE C
Address: 12187 BEACH BLVD. #7
City-St-Zip: JACKSONVILLE, FL 32246

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: ANDREA I HART

MGR

04/28/2012

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