

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021090

**Entity Name:** AGAPE THRIFT STORE, LLC

**Current Principal Place of Business:**

7945 103RD STREET  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

10353 OLD PLANK ROAD  
JACKSONVILLE, FL 32220 US

**FEI Number:** 45-4543515

**Certificate of Status Desired:** No

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

JOWERS, GLENDA A  
10353 OLD PLANK ROAD  
JACKSONVILLE, FL 32220 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JOWERS, GLENDA A  
Address 10353 OLD PLANK ROAD  
City-State-Zip: JACKSONVILLE FL 32220

Title MGRM  
Name JOWERS, KEITH M  
Address 10353 OLD PLANK ROAD  
City-State-Zip: JACKSONVILLE FL 32220

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLENDA A JOWERS

MGRM

01/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date