

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000211914

Entity Name: AGAPE CARE ASSISTED LIVING, LLC

Current Principal Place of Business:

2259 ARIZONA STREET
WEST MELBOURNE, FL 32904

Current Mailing Address:

2259 ARIZONA STREET
WEST MELBOURNE, FL 32904 US

FEI Number: 82-3113551

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RIDGLEY, WILLIAM
2259 ARIZONA STREET
WEST MELBOURNE, FL 32904 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: WILLIAM RIDGLEY

02/06/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, CEO
Name RIDGLEY, CHRISTY
Address 2259 ARIZONA STREET
City-State-Zip: WEST MELBOURNE FL 32904

Title MGR, PRESIDENT
Name RIDGLEY, WILLIAM
Address 2259 ARIZONA STREET
City-State-Zip: WEST MELBOURNE FL 32904

Title AMGR
Name RIDGLEY, JALYSSA
Address 2259 ARIZONA STREET
City-State-Zip: WEST MELBOURNE FL 32904

Title AP
Name RIDGLEY, CALEB
Address 2259 ARIZONA STREET
City-State-Zip: WEST MELBOURNE FL 32904

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: WILLIAM RIDGLEY

PRESIDENT

02/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date