

**2019 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

**FEI Number:** APPLIED FOR

**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

02/09/2019

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

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date