

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000260287

Entity Name: AGAPE PHYSICAL THERAPY LLC

Current Principal Place of Business:

325 SE 52ND CT
OCALA, FL 34471

Current Mailing Address:

325 SE 52ND CT
OCALA, FL 34471

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERT R. BRYANT, CPA, PLLC
10941 SE US HWY 441
BELLEVIEW, FL 34420 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 AMBR
Name BURNS, NAOMI
Address 325 SE 52ND CT
City-State-Zip: Ocala FL 34471

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: NAOMI BURNS

AMBR

03/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date