

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036015

FILED
Jul 08, 2008
Secretary of State

Entity Name: SOUTHERN ANGEL LLC

Current Principal Place of Business:

798 CRANDON BLVD
UNIT 6
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

798 CRANDON BLVD
UNIT 6
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 20-8437655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALOI, EMILIANO A MGR
798 CRANDON BLVD
UNIT 6
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALOI, EMILIANO A MGR
Address: 798 CRANDON BLVD, UNIT 6
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGR () Delete
Name: ALOI, CARLOS A MGR
Address: 798 CRANDON BLVD, UNIT 6
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ALOI, MANDY B MGR
Address: 798 CRANDON BLVD, UNIT 6
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EMILIANO ALOI

CEO

07/08/2008

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