

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2006 08:00 AM
Secretary of State



DOCUMENT # L04000076664

1. Entity Name
ANGDON, LLC

Principal Place of Business
**1702 FRAMINGHAM CT.
 FT MYERS FL 33907**

Mailing Address
**1702 FRAMINGHAM CT.
 FT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/05)

Zip

Country

Zip

Country

4. FEI Number
59-3805754

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLZ, ANGELA
 1702 FRAMINGHAM CT.
 FT MYERS FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR** Delete
 NAME: **WOLZ, ANGELA**
 STREET ADDRESS: **1702 FRAMINGHAM CT.**
 CITY-ST-ZIP: **FT MYERS FL 33907**

Change Addition

TITLE: **MGR** Delete
 NAME: **TORREGROSSA, DONIELLE**
 STREET ADDRESS: **11204 LAKELAND CIR**
 CITY-ST-ZIP: **FT. MYERS FL 33913**

Change Addition
U00000566325
05/30/06-80005-011 50.00

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes

SIGNATURE: _____

[Handwritten Signature]

[Handwritten Initials]