

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046463

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** ANGEHL EAR POLE FANTASY LLC

**Current Principal Place of Business:**

501 NE 210 STREET  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

501 NE 210 STREET  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 26-3883233      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RHODES, DARYL D  
1825 N.W. 74 TERR.  
MIAMI, FL 33147 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  
**Name:** RHODES, DARYL D  
**Address:** 501 NE 210 STREET  
**City-St-Zip:** MIAMI, FL 33179

**Title:** MGRM  
**Name:** FARRINGTON, JANEARISE S  
**Address:** 1825 N.W. 74 TERR.  
**City-St-Zip:** MIAMI, FL 33147

I hereby 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: DARYL RHODES      MGR      04/28/2012

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