

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055834

Entity Name: HYBRID ANGLE, LLC

Current Principal Place of Business:

4441 SWEETBAY STREET
PORT CHARLOTTE, FL 33948

Current Mailing Address:

PO BOX 494226
PORT CHARLOTTE, FL 33949 US

FEI Number: 26-3782445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAMSEY, JOHN KESQ.
2845 RIVER PINES WAY
SARASOTA, FL 34231 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 MGRM
Name STANISZEWSKI, ASHTON W
Address PO BOX 494226
City-State-Zip: PORT CHARLOTTE FL 33949

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: ASHTON STANISZEWSKI

MANAGER

03/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date