

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121619

**Entity Name:** ARTISAN ANGEL, LLC

**Current Principal Place of Business:**

570 84TH AVENUE NORTH  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

570 84TH AVENUE NORTH  
ST. PETERSBURG, FL 33702

**FEI Number:** 45-3675043

**Certificate of Status Desired:** Yes

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

K. REID, CPA, INC.  
3890 TURTLE CREEK DR.  
SUITE B  
PORT ORANGE, FL 32127 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 MACFAWN, ANGELA  
Address 570 84TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33702

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ANGELA MACFAWN

**MGR. OWNER**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date