

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000084825

**Entity Name:** 3 ANGELS ELDER SERVICES "LIMITED LIABILITY COMPANY"

**Current Principal Place of Business:**

537 SW 11TH STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

537 SW 11TH STREET  
BELLE GLADE, FL 33430

**FEI Number:** 46-2983203

**Certificate of Status Desired:** No

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

CHAMBERS, LEILA J  
537 SW 11TH STREET  
BELLE GLADE, FL 33430 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:** LEILA J. CHAMBERS

04/28/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHAMBERS, LEILA J  
Address 537 SW 11TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name FOSTER, KOKEYSIA R  
Address 564 SW 14TH STREET  
City-State-Zip: BELLE GLADE FL 33430

*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:** LEILA J. CHAMBERS

MANAGER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date