#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: PABLO ABAS

Electronic Signature of Signing Authorized Person(s) Detail

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.

	the above named entity submits this statement for the purpose of changing its registered once of registered agent, or both, in the State of Pionda.				lua.
SIGNATURE: PABLO ABAS					03/29/2017
		Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :					
	Title	MGRM	Title	SECRETARY	
	Name	MARIA MARIA, LTD.	Name	ABAS, PABLO	
	Address	OMC CHAMBERS, WICKHAMS CAY 1	Address	18151 NE 31 CT	
	, ,	ROAD TOWN, TORTOLA, BVI BV	Citv-State-Zip:	1914 AVENTURA FL 33160	

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000124089

Entity Name: ANGELITA HOLDINGS, LLC

## **Current Principal Place of Business:**

18151 NE 31 CT 1914 AVENTURA, FL 33160

#### **Current Mailing Address:**

18151 NE 31 CT 1914 AVENTURA, FL 33160 US

### FEI Number: 46-3632704

# Name and Address of Current Registered Agent:

ABAS, PABLO 18151 NE 31 CT 1914 AVENTURA, FL 33160 US

> 99999 City-State-Zip: AVENTURA FL 33160

> > SECRETARY

03/29/2017

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

FILED Mar 29, 2017 Secretary of State CC9178277177

Certificate of Status Desired: No

Date