

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000007125

Entity Name: ANGELENA'S APOTHECARY, LLC

Current Principal Place of Business:

72 MOUNT ZION ROAD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

72 MOUNT ZION ROAD
CRAWFORDVILLE, FL 32327

FEI Number: 47-2789572

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LANG, ANGELENA K
72 MOUNT ZION ROAD
CRAWFORDVILLE, FL 32327 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 OWNR
Name LANG, ANGELENA K
Address 72 MOUNT ZION ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

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: ANGELENA K LANG

OWNER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date