

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000075194

**Entity Name:** ANGELIC MASSAGE, LLC

**Current Principal Place of Business:**

9064 COLLINS AVE  
SURFSIDE, FL 33154

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC9394264927**

**Current Mailing Address:**

PO BOX 613143  
NORTH MIAMI, FL 33261 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CELI, ANGELA L  
9064 COLLINS AVE  
SURFSIDE, FL 33154 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            OWNER  
Name            CELI, ANGELA  
Address         9064 COLLINS AVE  
City-State-Zip: SURFSIDE FL 33154

*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:** ANGELA CELI

**OWNER**

**04/29/2017**

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

\_\_\_\_\_  
Date