

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000227835

**Entity Name:** ANGELIC CARING HANDS LLC

**Current Principal Place of Business:**

3167 WOOD ROSE WAY  
DELTONA, FL 32725

**Current Mailing Address:**

3167 WOOD ROSE WAY  
DELTONA, FL 32725 US

**FEI Number:** 82-3320051

**Certificate of Status Desired:** Yes

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

LAFFREY, LURINE O  
3167 WOOD ROSE WAY  
DELTONA, FL 32725 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:** LURINE LAFFREY

05/11/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AR
Name	LAFFREY, LURINE O	Name	LAFFREY, LURINE O
Address	3167 WOOD ROSE WAY	Address	3167 WOOD ROSE WAY
City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725

*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:** LURINE O LAFFREY

OWNER

05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date