

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000192939

**Entity Name:** ALL ANGLES ENTERPRISES LLC

**Current Principal Place of Business:**

2284 BRIAN LAKES DRIVE EAST  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

2284 BRIAN LAKES DR. E  
JACKSONVILLE, FL 32221 US

**FEI Number:** 84-2648860

**Certificate of Status Desired:** No

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

LEWIS, WALTER B  
2284 BRIAN LAKES DRIVE EAST  
JACKSONVILLE, FL 32221 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 AMBR  
Name LEWIS, WALTER B  
Address 2284 BRIAN LAKES DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name LEWIS, SHANNON  
Address 2284 BRIAN LAKES DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name LEWIS, WALTER B JR  
Address 2284 BRIAN LAKES DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name LEWIS, ANANDA C  
Address 2284 BRIAN LAKES DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32221

*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:** WALTER LEWIS

**MANAGER**

**05/03/2020**

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

\_\_\_\_\_  
Date