

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000502823

**Entity Name:** 347 ANGEL, LLC

**Current Principal Place of Business:**

345 SAN JUAN DRIVE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

345 SAN JUAN DR  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 87-3693731

**Certificate of Status Desired:** No

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

VILLMOW, DAVID  
12821 JULINGTON FOREST DR E  
JACKSONVILLE, FL 32258 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 MGR  
Name SCOTT, PAUL V  
Address 345 SAN JUAN DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR  
Name WILLIAMS, KRIS S  
Address 348 SUMMERSET DRIVE  
City-State-Zip: ST. JOHNS FL 32259

Title MBR  
Name SAFARI, MATTHEW  
Address 343 SAN JUAN DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MBR  
Name LITTLE, TERRY  
Address 13801 BELLA RIVA LANE  
City-State-Zip: JACKSONVILLE FL 32225

Title MBR  
Name ORR, EILEEN  
Address 550 LAKE RD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MBR  
Name JAVAD, MOSTAFA  
Address 1067 SPANISH BAY CT  
City-State-Zip: ORANGE PARK FL 32065

*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:** PAUL SCOTT

**MANAGER**

**01/29/2024**

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

\_\_\_\_\_  
Date