

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000130960

**Entity Name:** ANGELIC SELFCARE LLC

**Current Principal Place of Business:**

369 PROVIDENCE BLVD  
DELTONA, FL 32725

**Current Mailing Address:**

369 PROVIDENCE BLVD  
DELTONA, FL 32725 US

**FEI Number: 88-1733506**

**Certificate of Status Desired: No**

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

SINGH, VERMECKER  
369 PROVIDENCE BLVD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SINGH, VERMECKER  
Address 369 PROVIDENCE BLVD  
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: VERMECKER SINGH**

**MANAGER**

**04/20/2024**

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

\_\_\_\_\_  
Date