2001	ONI	_		<u> </u>		— CHFN		
DOCU	MENT	# L010000	04909			PILE D		
1. Entity Nam		ANGOM L.C.				d1 AUG 14 PH 12: 17.		
A.		II,oon IIo			,	SECRETARY OF STATE		
Principal PI	of Business		Mailing Address		<u> </u>	SECRETARTO SEE, FLORIDA		
445 GT	and Bay	. 1	445 Gran	d Bay Dri	ive	2.2		
Suite Key Bi		F1 33149	Suite 318 Key Bisc	8 ayne, Fl	33149			
2. Principal P	Place of Busin	988	3. Mailing Addre	988		7		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	te	<u></u>	City & State			↓ ·· · - · · · · · · · · · · · · · · · · · · ·	olied For Applicable	
Zip	·	Country	Zip	Cou	intry	5. Certificate of Status Desired	itional	
	6. Name	and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Registered Agent		
Manuel E. Cabeza			. 			s (P.O. Box Number is Not Acceptable)		
338 Minorca Ave. Coral Gables, F1 33134				Judge Audion			······································	
COLAT	Gables,	11 33134			City	FL Zip Code	,	
■ The shows	a named entity				l l	FL.		
SIGNATURE .		submits this stateme or printed name of registered	agent and title if applicable.	(NOTE: Register	red Agent algorithms re-	200 101 01010 001 010100		
		or printed name of registered	agent and title if applicable.	(NOTE: Register	red Agent Sgretture re FIEE IS \$50. To Departmen	90004545343 -08/21/0101015- *****50.00 ****	∃! 031 **50.00	
9. TTLE		or printed name of registered	agent and title if applicable.	(NOTE: Pagister File-BNCW11E heck (Payable) 10 elete III	red Agent styrature resident Styrature resident Styrature (C)	Quired when reinstating) OU -08/21/0101015- *****50.00 ***** ADDITIONS/CHANGES R/MEMBER Change		
9. TITLE NAME	Signature typed Mgr. Cabez	MANAGING MI	agent and title if applicable. Stacks C EMBERS/MEMBERS	(NOTE: Pagister FIE BNCWIII Heck Payable 10 elete IIII	TELE IS \$50. to Department to Department for MG Ara RET ADDRESS 44	Change Carlos Alberto Carlos Squared when reinstating)	₩50.80	
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