

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000009509

1. Entity Name
ANGLER ASSOCIATES, LLC



Principal Place of Business

P.O. BOX 443
BOCA GRANDE, FL 33921

Mailing Address

6300 POWERS FERRY RD
SUITE 600-354
ATLANTA, GA 30339

DO NOT WRITE IN THIS SPACE



01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

65-1120382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHIGHAM, DAVID L ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000776627
01/09/08-80032-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINDENBAUM, DAVID S
STREET ADDRESS	6300 POWERS FERRY RD, SUITE 600-354
CITY- ST- ZIP	ATLANTA, GA 30339

TITLE	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/08 941-964-5788