

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010450	
1. Entity Name SANGELICA II, LLC	

Principal Place of Business 4021 N. ANDREWS AVE. #6 FT. LAUDERDALE, FL 33309	Mailing Address 4021 N. ANDREWS AVE. #6 FT. LAUDERDALE, FL 33309
--	--

DO NOT WRITE IN THIS SPACE

04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1118615	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**PELLEGRINO, SAL
4021 N. ANDREWS AVE.
#6
FT. LAUDERDALE, FL 33309**

**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 *SAL Pellegrino* 4/25/06 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLEGRINO, SAL 4021 N ANDREWS AVENUE, SUITE 6 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000586318
05/30/06-90005-004 50.00

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 *SAL Pellegrino* 4/25/06 954 396 994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #