FILED
Aug 01, 2002 8:00 am
Secretary of State
06-06-2002 90088 003 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000139

1. Entity Name

ANGELA'S ART GALLERY LLC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3392 Westchester Sq. Blvd	3392 Westchester Sq. Blvd.
Suite, Apt. #, etc.: APT. 104	Suite, Apt. #, etc.: APT. 104
City & State: ORLANDO Florida	City & State: ORLANDO Florida
Zip: 32835 Country: US	Zip: 32835 Country: US

4. FEI Number: 26-0010343 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANGELA MENSING

Street Address (P.O. Box Number is Not Acceptable): 3392-104 Westchester Sq. Blvd.

City: ORLANDO FL Zip Code: 32835

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.

SIGNATURE ______________________ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	~~Owner~~ managing member	TITLE	
NAME	Angela Mensing	NAME	
STREET ADDRESS	3392-104 Westchester Sq Blvd	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO Florida 32835	CITY-ST-ZIP	
TITLE	~~Manager / President~~ managing member	TITLE	
NAME	Angela Mensing	NAME	
STREET ADDRESS	3392-104 Westchester Sq Blvd	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Angela M. Mensing Angela M. Mensing 6/1/02 407-313-6224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #