2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

		•
DOCUMENT #	0200000139	

1. Entity Name

ANGELA'S ART GALLERY LLC



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90232 026 ****50.00

<u> </u>				OO WE T		1			
1	ace of Business	Mailing Address				1			_
3392 WESTCHESTER SQUARE BLVD. 3392 WEST			2 WESTCHESTER SQUARE BLVD.			F100003			
mmilitime or construction		APT 104 ORLANDO FL 32835	APT 104				•.		
		OHEMIOO 1 E 32833				1 (47)(1	IAR a ri aaria ia a ir aann baine	BO RN Be nn Bo rn Bo rby (18	
	Place of Business	3. Mailing Address			_				
Suite, Apt. #, etc.		1 2653 GRO	ove View DR			1 198111	ist mai mailm filmi maill amild	#### #################################	
WINTE		Suite, Apt. #, etc. Winter 6A	ada1			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State	ROEN FL			4. FEI Num	hor as as as		Ta r r -
3478	<u> </u>	34787		<u>.</u>		CLINGI	ber 26-0010343	, –	Applied For Not Applicable
Zip	Country	Zip	Count	ry		5 Certifica	te of Status Desired	□ \$5.00	Additional
	6. Name and Address of Current	Degletared &	<u> </u>					Fee Req	uired
<u> </u>	o. Hamo and Address of Current	negistered Agent		Name		7. Name er	d Address of New Ro	egistered Agent	
	NSING, ANGELA M			₩		SING.	Angela M	1	
	2-104WESTCHESTER SQUARE BLV	D.	[Street Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO FL 32835			-					
			·	MINT	en	GARC	en	30	1787
			-	City				FL Zip C	
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered	d office or req	gistere	d agent, or b	oth, in the State of Flor	ida. I am familiar w	ith, and accept
die obliga	and a gent.	•							
SIGNATURE	Signature yped or printed name of registered agent a	nd title if applicable /NOTI	E: Begintarad	Agent signature re				1-10-03 DATE	
		(101				men reinstating)		DATE	
	•	Make Check Payabi		EE IS \$50.		0			
				nda Depar / 1, 2003	rımenı	t or State			
9.	MANAGING MEMBER	i	10.			i	ASSITION IS AS		
TITLE	MGRM	Delete	TITLE		10.0	4-	ADDITIONS/0		
NAME	MENSING, ANGELA				MO	MORA ANSELA			
STREET ADDRESS	TADDRESS 3392 -104WESTCHESTER SQUARE BLVD.			ADDRESS 5	Mensing Ansela DUS3 Gave View DA				
CITY-ST-ZIP	ORLANDO FL 32835		CITY-S	T-ZIP (Wi	NTOR GA	meden, Fi	34787	
TITLE NAME	MGR	☐ Delete	TITLE		A		-	☐ Chang	e 🔲 Addition
STREET ADDRESS	MENSING, ANGELA	F 80.00	NAME		Mens	sing Al	rsela cuien Dre		
CITY-ST-ZIP	SI SOSE INTRESTED SUUMRE BLVD.			ADDRESS 2	<i>u</i> 5	3 GROVA	den FL		
TITLE	ONEANDO 1 E 32833	□ Delete	TITLE	1-2" V	און א	WE GHE	den FL		
NAME		LL Delete	NAME	1				☐ Changi	e
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	T-ZIP					
TITLE		Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP				ADDRESS					
TITLE			CITY-ST	-ZIP					
NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS			NAME Street A	ADDRESS					
CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE			. .		☐ Change	FT Adve.
NAME			NAME					□ ruange	Addition
STREET AODRESS			STREET A	ADDRESS					
CITY-ST-ZIP			CITY-ST-						
11. I hereby co	ertify that the information supplied with the	nis filing does not qualify for t	he exemp	tion stated in	n Sectio	on 119 07/2V	i) Florido Statutas, I fu	with a - a	1.4.

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 BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-03

407-156-0913