

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90144 015 ****50.00

DOCUMENT # L02000010112 1. Entity Name ANGEL SISTERS, LLC					
Principal Place of Business 7 SPENCER SHRS HAINES CITY, FL 33844			Mailing Address 7 SPENCER SHRS HAINES CITY, FL 33844		
2. Principal Place of Business - No P.O. Box # 300 SPENCER SHORES		3. Mailing Address 300 SPENCER SHORES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HAINES CITY, FL		City & State HAINES CITY, FL		4. FEI Number 59-1065671	
Zip 33844		Country USA		5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TUNNO, PATRICIA A 7 SPENCER SHRS HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name TUNNO, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 300 SPENCER SHORES City HAINES CITY, FL Zip 33844		
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 <u><i>Patricia A. Tunno</i></u> 1/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUNNO, PATRICIA A 7 SPENCER SHRS HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, MARY J % 7 SPENCER SHRS HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, MARY J 823 ATKINSON DRIVE DALTON, GA 30720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, MARY J 823 ATKINSON DRIVE DALTON, GA 30720	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, MARY J 823 ATKINSON DRIVE DALTON, GA 30720	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, MARY J 823 ATKINSON DRIVE DALTON, GA 30720	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, MARY J 823 ATKINSON DRIVE DALTON, GA 30720	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Patricia A. Tunno</i></u> 1/18/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					