



**.2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90268 007 ***138.75

DOCUMENT # L03000021555 1. Entity Name ARCHANGEL PROPERTIES, LLC					
Principal Place of Business 480 HARBOR ISLE WAY LONGWOOD, FL 32750			Mailing Address 480 HARBOR ISLE WAY LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20 N. orange Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600			
City & State		City & State Orlando, Florida			
Zip	Country	Zip 32801	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO, & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPA, JOHN 480 HARBOR ISLE WAY LONGWOOD, FL 32750		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<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: 			3/17/08 407-875-3331 <small>Date Daytime Phone #</small>		

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