

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030273

Entity Name: ANGELA THOMPSON, LLC

FILED  
Apr 01, 2008  
Secretary of State

**Current Principal Place of Business:**

1307 - 1311 KIRK ROAD  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

25 BLUE RIDGE CIRCLE  
SCOTCH PLAINS, NJ 07076 US

**New Mailing Address:**

P.O. BOX 315  
FANWOOD, NJ 07023 US

FEI Number: 83-0377739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, ANGELA A  
Address: 25 BLUE RIDGE CIRCLE  
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

Title: MGRM ( ) Delete  
Name: THOMPSON, MATTHEW  
Address: 25 BLUE RIDGE CIRCLE  
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMPSON, ANGELA A  
Address: P.O. BOX 315  
City-St-Zip: FANWOOD, NJ 07023 US

Title: MGRM (X) Change ( ) Addition  
Name: THOMPSON, MATTHEW  
Address: P.O. BOX 315  
City-St-Zip: FANWOOD, NJ 07023 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 A. THOMPSON

MGRM

04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date