

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000043933

1. Entity Name
ANGELS INVESTMENTS, LLC



Principal Place of Business
**C/O NELLY VALENCIA, DDS, PA
4011 WEST FLAGLER ST SUITE 201
MIAMI, FL 33134**

Mailing Address
**C/O NELLY VALENCIA, DDS, PA
4011 WEST FLAGLER ST SUITE 201
MIAMI, FL 33134**



06302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2677360

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALENCIA, NELLY
1331 BRICKELL BAY DRIVE
SUITE 1908
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALENCIA, NELLY A
1331 BRICKELL BAY DRIVE #1908
MIAMI, FL 33131**

TITLE
NAME
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CITY-ST-ZIP

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UN00000567954
07/05/06-80003-008 55.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #