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Mar 29, 2004 8:00 am
Secretary of State

02-25-2004 90286 023 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000057427

1. Entity Name

CHARLES C. ANGEL LLC.

04002004

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
3570GRISSOM PKWY COCOA FL 32926 US	PO BOX 238393 COCOA FL 32923 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 16-1009064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANGEL, CHARLES C.SR. 3570 GRISSOM PKWY COCOA FL 32926	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Manager~~ Managing Member CHARLES C. ANGEL SR PO Box 238393 3570 Grissom Pkwy COCOA, FL 32923 Cocoa 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CHARLES C. ANGEL SR.

SIGNATURE: Charles C. Angel Sr. 2/20/04 321-631-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #