

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000057427 1. Entity Name CHARLES C. ANGEL LLC																							
Principal Place of Business 3570 GRISSOM PKWY COCOA FL 32926 US			Mailing Address PO BOX 238393 COCOA FL 32923 US																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip Country		City & State Zip Country		4. FEI Number 16-1009064 Applied For Not Applicable																			
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)																			
6. Name and Address of Current Registered Agent ANGEL, CHARLES C SR. 3570 GRISSOM PKWY COCOA FL 32926			7. Name and Address of New Registered Agent 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 <u>Charles C. Angel Sr.</u> CHARLES C. ANGEL SR. 1/27/06 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ANGEL, CHARLES C SR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PO BOX 238393 COCOA FL 32923</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000409693</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/09/06-80006-002 55.00</td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS	ANGEL, CHARLES C SR		CITY-ST-ZIP	PO BOX 238393 COCOA FL 32923		TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS	U000000409693		CITY-ST-ZIP	02/09/06-80006-002 55.00	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles C. Angel Sr. **CHARLES C. ANGEL SR.** 1/27/06