2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED DOCUMENT # L03000057427 Jan 25, 2007 08:00 AM 1. Entity Name **Secretary of State** CHARLES C. ANGEL LLC Principal Place of Business Mailing Address 3570GRISSOM PKWY PO BOX 238393 **COCOA FL 32926 COCOA FL 32923** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Numbor 16-1009064 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGEL, CHARLES C SR. Stroot Address (P.O. Box Number is Not Acceptable) 3570 GRISSOM PKWY COCOA FL 32926 City 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. (am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title # applicable. (NOTE, Registured Agent signature required when remataling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES HEEF ☐ Delete IIIE ☐ Changé MGRM ☐ Addition NAME NAM ANGEL, CHARLES C SR U000000603751 STRUCT ADDRESS STREET ADDRESS PO BOX 238393 01/29/07-80025-017 55.00 CHTY-ST 78P CITY ST 78P COCOAFL 32923 ☐ Change щи ☐ Delete 11111 ☐ Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST 7P IIILE ☐ Defeic 11111 ☐ Change ☐ Addillion NAME NAME STREET ADDRESS STREET ADDRESS odr 81 719 CDY ST 785 11114 Addition ☐ Defete BHF Change NAME NAME STREET ADDRESS SIDELT ADDRESS CITY ST 78º CITY ST-ZIP HILL ☐ Delete HHE ☐ Change ☐ Addition NAM NAM STREET ADDRESS SINEETADDRESS CITY ST ZIP CITY-ST ZIP ШЦ HEE Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY ST ZIP 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

NGEL.