

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90095 005 ****50.00

DOCUMENT # L03000057460

1. Entity Name

RICHARD H. ANGEL, LLC



Principal Place of Business

2402 DELYS STREET
COCOA FL 32952

Mailing Address

2402 DELYS STREET
COCOA FL 32926

2. Principal Place of Business - No P.O. Box #

2402 DELYS STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 236593

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-3391738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGEL, RICHARD H
2402 DELYS STREET
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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANGEL, RICHARD H	
STREET ADDRESS	2402 DELS ST	
CITY ST ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY 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.

SIGNATURE:

Richard H. Angel

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

1-18-07

Date

321) 302-5315

Daytime Phone #