2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

May 02, 2008 8:00 am Secretary of State DOCUMENT # L03000057460 1. Entity Name 05-02-2008 90014 046 ***143.75 RICHARD H. ANGEL, LLC Principal Place of Business Mailing Address 2402 DELYS STREET COCOA FL. 32052 PO BOX 236593 COCOA FL 32923 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E083 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3391738 Not Applicable \$5.00 Additional 5. Certificate of Status Desired DE TANK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGEL, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 2402 DELYS STREET COCOA FL 32926 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of re§ stered agent and title if applicable INOTE, Registered Agent aignature required when reinstating) LATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES TITLE TITLE SigleO 🔲 ☐ Change nertibbA 🔲 NAME ANGEL, RICHARD H NAME STREET ADDRESS STREET ADDRESS 2402 DELS ST CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZiP THE ☐ Delete Tillif ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TOTLE ☐ Delete III E ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TiTiE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGIN

SIGNATURE:

FILED

HARD H. AKGel, U.C. 7-15-8