

FILED
Mar 18, 2005 8:00 am
Secretary of State

01-12-2005 90027 039 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000015707			
1. Entity Name ANGEL, L.L.C.			
Principal Place of Business 4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308		Mailing Address 4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address P.O. Box 2443	
Suite, Apt. #, etc.		Suite, Apt. #, etc. JAMAICA Plain	
City & State		City & State MA	
Zip	Country	Zip	Country
02130	USA	02130	USA
4. FEI Number 20-0846466		☒ 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	
AURELIUS, JOHN E 4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308		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 representing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AURELIUS, JOHN E 4367 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROAN MCCORMACK 6 Intervale Road CHESTNUT Hill, MA 02467 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____	