## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000063720

1. Entity Name HOME ANGEL, LLC



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

. . .

2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461 Mailing Address

2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
65-1232801		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional equired

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461

## DO NOT WRITE IN THIS SPACE

	thanied dutily submis this statement for the purpose of char- tions of registered agent.	iging its registered office of registered agent, or or	on, in the state of Florida - Farmaniiai Willi, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2007		000000652538 03/12/07-80024-018 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUKIN, ROGER B 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461		
TITLE NAME STREET ADORESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	· : : : : : : : : : : : : : : : : : : :	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	., .	IN .	THIS SPACE
TITLE NAME -			,

11. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 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 hability company or the receiver or frustee ampowered to execute this roport as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME · · · · ...
SIREET ADDRESS
CITY-ST-ZIP

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

3/2/07 56/586-010

Daytime Phone #