

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 003 \*\*\*\*50.00

<b>DOCUMENT # L04000073671</b>					
<b>1. Entity Name</b> ANGEL'S MAINTENANCE SERVICE LLC					
<b>Principal Place of Business</b> 164 HURWOOD AVE MERRITT ISLAND, FL 32953			<b>Mailing Address</b> 164 HURWOOD AVE MERRITT ISLAND, FL 32953		
<b>2. Principal Place of Business - No P.O. Box #</b> 1100 Redwood Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1100 Redwood Rd Suite, Apt. #, etc.			
<b>City &amp; State</b> Merritt Isl, FL		<b>City &amp; State</b> Merritt Isl, FL		<b>4. FEI Number</b> 11-3738982	
<b>Zip</b> 32952		<b>Country</b> Brevard		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TORRES, ANGEL L JR 164 HURWOOD AVE MERRITT ISLAND, FL 32953				<b>7. Name and Address of New Registered Agent</b> Name: TORRES, ANGEL L JR Street Address (P.O. Box Number is Not Acceptable): 1100 REDWOOD RD City: MERRITT ISL, FL Zip Code: 32952	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> TORRES, ANGEL L MGR 164 HURWOOD AVE MERRITT ISLAND, FL 32953			<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE</b>				ANGEL L TORRES 8/24/07 321 453-6672	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	