

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026014

Entity Name: ANGELINE IVIC, LLC

FILED  
Mar 14, 2006  
Secretary of State

**Current Principal Place of Business:**

1101 WILLIAMS ROAD  
PLANT CITY, FL 33565 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 WILLIAMS ROAD  
PLANT CITY, FL 33565 US

**New Mailing Address:**

FEI Number: 20-2518055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRIBBS, CRIBBS I  
1101 WILLIAMS ROAD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

CRIBBS, NICOLE I  
1101 WILLIAMS ROAD  
PLANT CITY, FL 33565 US

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.

SIGNATURE: NICOLE I. CRIBBS

03/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRIBBS, NICOLE I  
Address: 1101 WILLIAMS ROAD  
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGRM ( ) Delete  
Name: MATHESON, MARIA  
Address: 5301 LENOIR COURT  
City-St-Zip: PLANT CITY, FL 33566 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MATHESON, MARIA  
Address: 4510 TINA LANE  
City-St-Zip: PLANT CITY, FL 33563 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLE I. CRIBBS

MGRM

03/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date