

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90012 037 ****55.00

DOCUMENT # L05000028100	
1. Entity Name ARCHANGEL PROPERTY MANAGEMENT, DBA MEN AT WORK, LLC	



Principal Place of Business 292 BELINA DRIVE SUITE 7 NAPLES FL 34104 US	Mailing Address 292 BELINA DRIVE SUITE 7 NAPLES FL 34104 US
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2. Principal Place of Business - No P.O. Box # 292 BELINA DRIVE Suite, Apt. #, etc. SUITE 7 City & State NAPLES, FL Zip 34104 Country USA	3. Mailing Address 292 BELINA DRIVE Suite, Apt. #, etc. SUITE 7 City & State NAPLES, FL Zip 34104 Country USA
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2nd MOORE CR2E083 (4/07)

4. FEI Number 75-3199143	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MESSIRES, PETER 292 BELINA DRIVE SUITE 7 NAPLES FL 34104	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MESSIRES, PETER 292 BELINA DRIVE NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
SIGNATURE: Peter Messires SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 7/22/07 Daytime Phone # 239-595-5325