


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90324 037 \*\*\*138.75

<b>DOCUMENT # L05000057168</b> 1. Entity Name <b>MISSION ANGLE IN LCC</b>					
Principal Place of Business <b>6116 SE FEDERAL HIGHWAY STUART, FL 34997</b>			Mailing Address <b>6116 SE FEDERAL HIGHWAY STUART, FL 34997</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>01-0837668</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, SUITE 304 JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name <b>CHRISTOPHER J. MCARTHUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>6116 SE FEDERAL HWY.</b> City <b>STUART</b> FL Zip Code <b>34997</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. SIGNATURE <u><i>C. Jason McArthur</i></u> <b>C. JASON MCARTHUR</b> <b>4-15-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR. MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE, SUITE 304 JUPITER, FL 33458</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR. MCARTHUR, CHRISTOPHER J. 6116 SE FEDERAL HWY. STUART, FL 34997</b> <input checked="" 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.					
<b>SIGNATURE: <u><i>C. Jason McArthur</i></u> <b>C. JASON MCARTHUR</b> <b>4-15-08</b> <b>(772) 463-0677</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

00040400



04142008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**CHRISTOPHER J. MCARTHUR**

Street Address (P.O. Box Number is Not Acceptable)

**6116 SE FEDERAL HWY.**

City  
**STUART**

FL

Zip Code  
**34997**

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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After May 1, 2008 Fee will be \$538.75**

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## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #