

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057228

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ANGEL SOUND, RESTORATION AND NOTARY SERVICES LLC

**Current Principal Place of Business:**

12639 LONGCREST DRIVE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

12639 LONGCREST DRIVE  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

**FEI Number:** 20-2988685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD STE 101  
TALLAHASSEE, FL 323012960 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: TAYLOR, WARREN  
Address: 12639 LONGCREST DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: P ( ) Delete  
Name: TAYLOR, WARREN H  
Address: 12639 LONGCREST DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: V ( ) Delete  
Name: TAYLOR, THELMA E  
Address: 12639 LONGCREST DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: S ( ) Delete  
Name: TAYLOR, ANDREA S  
Address: 12639 LONGCREST DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: T ( ) Delete  
Name: TAYLOR, ANDREA S  
Address: 12639 LONGCREST DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WARREN TAYLOR

P

04/29/2009

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