


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000063792

1. Entity Name
ANGELA NEEL FUNDING, LLC



Principal Place of Business 119 WHITECAPS CIRCLE MAITLAND, FL 32751-5851	Mailing Address 119 WHITECAPS CIRCLE MAITLAND, FL 32751-5851
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DO NOT WRITE IN THIS SPACE



03102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3064104	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRINKER, DAVID
 119 WHITECAPS CIRCLE
 MAITLAND, FL 32751-5851**

DO NOT WRITE IN THIS SPACE

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: DAVID KRINKER DATE: 3/10/2008

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINKER, DAVID 119 WHITECAPS CIRCLE MAITLAND, FL 327515851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGELA NEEL INTERIORS, INC. 460 N. ORLANDO AVE., SUITE 109 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/01/08-80015-001 149.75

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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: David Krinker (DAVID KRINKER) 3/10/2008 (321) 206 0544

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