

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-16-2006 90183 018 ****50.00

DOCUMENT # L05000069974 1. Entity Name ALPACA ANGELS OF THE HIGHLANDS, LLC					
Principal Place of Business 933 BLUFF HAMMOCK ROAD LORIDA FL 33857 US			Mailing Address 933 BLUFF HAMMOCK ROAD LORIDA FL 33857 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-1170592	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPERFIDO, LORRAINE 933 BLUFF HAMMOCK ROAD LORIDA FL 33857				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPERFIDO, LORRAINE 933 BLUFF HAMMOCK ROAD LORIDA FL 33857 <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 Section 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 <i>Lorraine Loperfido</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 5/5/06 954 673 2448 <small>Daytime Phone #</small>		



ATTACHMENT

30011585

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2006

ALPACA ANGELS OF THE HIGHLANDS, LLC
933 BLUFF HAMMOCK ROAD
LORIDA, FL 33857 US

Formed →

1800 829-4933

1099

Subject: ALPACA ANGELS OF THE HIGHLANDS, LLC

Reference Number: L05000069974

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

86-1170592 FEI #

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/dm
ANNUAL REPORTS SECTION

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P.O. BOX 6478 - Tallahassee, Florida 32314