

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L05000093584

1. Entity Name

A TOUCH OF SUGAR BY ANGELIC LLC



Principal Place of Business

5107 SUNSHINE ST CEDER RD
FORT PIERCE, FL 34951

Mailing Address

6119 ARLINGTON WAY
FORT PIERCE, FL 34951



05012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3727305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OROZCO, MARIA I
6119 ARLINGTON WAY
FORT PIERCE, FL 34951

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000761160
05/25/07-80042-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FLEITES, JUAN M
STREET ADDRESS 6119 ARLINGTON WAT
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE MGR
NAME OROZCO, MARIA I
STREET ADDRESS 6119 ARLINGTON WAY
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/07 772-4600-9198

Date

Daytime Phone #