

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113708

Entity Name: ANGEL CARE LLC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

16201 SW 95TH AVE
SUITE 200
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16201 SW 95TH AVE
SUITE 200
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-3839047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, MILAGROS
29771 SW 164 CT
HOMESTEAD, FL 33033 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: MGR () Delete
Name: MEDINA, MILAGROS
Address: P.O BOX 901231
City-St-Zip: HOMESTEAD, FL 33090 MI

Title: MGRM () Delete
Name: BLOCK, MICHELLE
Address: 7299 SW 79TH CT
City-St-Zip: MIAMI, FL 33143 MI

ADDITIONS/CHANGES:

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 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: MILAGROS MEDINA

MGR

01/17/2007

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