

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039284

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: TU ANGELS LLC

**Current Principal Place of Business:**

4527 OAK FOREST CT  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

1945 BERING AVE  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

4527 OAK FOREST CT  
ORLANDO, FL 32804 US

**New Mailing Address:**

1945 BERING AVE  
WINTER PARK, FL 32789 US

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

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 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: MGRM ( ) Delete  
Name: MCLEOD, PATRICIA  
Address: 4527 OAK FOREST CT  
City-St-Zip: ORLANDO, FL 32804 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOTLEWSKI, PATRICIA  
Address: 1945 BERING AVE  
City-St-Zip: WINTER PARK, FL 32789 US

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: PATRICIA GOTLEWSKI                      MGRM                      01/23/2007

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