

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90034 050 ***138.75

DOCUMENT # L06000065354

1. Entity Name
ANGELINA APARTMENTS, LLC



Principal Place of Business
**6700 SOUTH FLORIDA AVENUE, SUITE 1
LAKELAND, FL 33813**

Mailing Address
**P.O. BOX 7220
LAKELAND, FL 33807**

60004001



DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5170945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLSWORTH, SUZANNE M
6700 SOUTH FLORIDA AVENUE, SUITE 1
LAKELAND, FL 33813**

**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 _____

**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
**MGR
SUZ INVESTMENT CORPORATION
6700 SOUTH FLORIDA AVENUE, SUITE 1
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MICHELLESWORTH, INC.
6700 SOUTH FLORIDA AVENUE, SUITE 1
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
W/W CITRUS COMPANY
6700 SOUTH FLORIDA AVENUE, SUITE 1
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4-24-08 863-647-5123

Suzanne M. Ellsworth