

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000022419

1. Entity Name
ANGEL'S HANDS L.L.C.



FILED

2008 OCT 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
599 SHERWOOD AVE, UNIT 208
SATELLITE BEACH, FL 32937

Mailing Address
599 SHERWOOD AVE, UNIT 208
SATELLITE BEACH, FL 32937

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10072008 REIN-LLC CR2E101 (1/07)

4. FEI Number
87-0796486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AUDIO VISUAL IMAGINEERING, INC.
8440 TRADEPORT DR., SUITE 109
ORLANDO, FL 32827

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BAUR, DAVIDA ANN
STREET ADDRESS 599 SHERWOOD AVE, UNIT 208
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE MGR ☐ Delete
NAME YOUNG, JOANNE
STREET ADDRESS 10768 S. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 200136807052
STREET ADDRESS 10/10/08--01022--006 **243.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joanne Young 10/7/08 407-259-8166