

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000051614

1. Entity Name
ANGEL D, LLC



**FILED
Apr 17, 2008 8:00 am
Secretary of State**

04-17-2008 90168 003 ***138.75

50004198

Principal Place of Business
6326 CLARK ROAD
SARASOTA, FL 34241

Mailing Address

6326 CLARK ROAD
SARASOTA, FL 34241

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

3. Mailing Address
9011 Sonub Jay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34241

Country
USA

03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0328384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GANS, RICHARD R
1515 RINGLING BOULEVARD
10TH FLOOR
SARASOTA, FL 34236

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 \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	John J. Duggan, as Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	u/a/d 5/3/07	NAME	
STREET ADDRESS	6326 Clark Road	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34241	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Joan Schmitz Duggan, as Trustee <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	u/a/d 5/3/07	NAME	
STREET ADDRESS	6326 Clark Road	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34241	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John J. Duggan*

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

Date

Daytime Phone #

John J. DUGGAN

Joan Schmitz Duggan 1/1/08 941-9308