2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-08-2008 90105 044 ***138.75

DOCUMENT # L07000071480

1. Entity Name
ANGEL FINANCIAL, LLC

Principal Place of Business	Mailing Address
601 GAY RD. SEFFNER FL 33584	601 GAY RD. SEFFNER FL 33584

2. Principal Place of Business – No P.O. Box #	3. Mailing Address
601 GAY Rd.,	601 GAY Rd.,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SEFFNER FLORIDA	SEFFNER FLORIDA
Zip 33584 / Country	Zip 33584 / Country

1st MOORE CR2E083 (10/07)

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, ANTHONY 601 GAY RD. SEFFNER FL 33584	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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARCIA, ANTHONY	NAME	
STREET ADDRESS	601 GAY RD.	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VILLAGOMEZ, ADRIAN	NAME	
STREET ADDRESS	1915 FRUITRIDGE STREET	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SURYO, HARIANTO	NAME	
STREET ADDRESS	2101 GLEN HEIGHTS	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	CITY-ST-ZIP	MGRM
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	Drew Allen
STREET ADDRESS		STREET ADDRESS	6640 Thacketon Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Riverview Fl 33578
TITLE	☐ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME		NAME	John B. Moriega
STREET ADDRESS		STREET ADDRESS	1615 Thompson Rd
CITY-ST-ZIP		CITY-ST-ZIP	Lithia, Fl 33547
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 Section 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: X Anthony Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #