2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000090497

1. Entity Name

ANGEL'S ART ON CAKES, LLC



FILED
May 01, 2008 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

103 INDIAN BAYOU DRIVE DESTIN, FL 32541 103 INDIAN BAYOU DRIVE DESTIN, FL 32541



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLF, JANICE H 103 INDIAN BAYOU DRIVE DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

DESTIN, F	L 32541	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	MGR		
NAME	WOLF, JANICE H		
STREET ADDRESS	103 INDIAN BAYOU DRIVE		
CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	MGR		U00000938421 05/27/08-80088-021 138.75
NAME	SEIDLER, MELISSA C	j	US/21/U8-8UU88-U21 138.75
STREET ADDRESS	58 GRIFFIN COVE	i i	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32549		
TITLE			
NAME			
STREET ADDRESS		i no	NOT WRITE
C/TY-ST-ZIP			NOI WINIE
TITLE		IN IN	THIS SPACE
NAME		I ""	IIIO OI AOL
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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS City-St-Zip

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

Oyeri () 30, 2008

(850) 830-3449

Daytime Pho