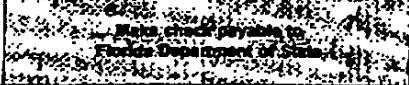
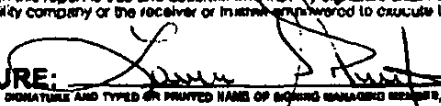


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Aug 11, 2008 8:00 am
Secretary of State

06-18-2008 90070 012 ***538.75

DOCUMENT # L07000090529			
1. Entity Name TWO GUARDIAN ANGELS, LLC			
Principal Place of Business 1428 ALHAMBRA WAY SOUTH SAINT PETERSBURG, FL 33705		Mailing Address PO BOX 35026 ST. PETERSBURG, FL 33705	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 261079188		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARNAL GARY A ESQ. 6528 CENTRAL AVENUE, SUITE B SAINT PETERSBURG, FL 33707		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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-electing)			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PURIFOY, LOVESE S 1428 ALHAMBRA WAY SOUTH SAINT PETERSBURG, FL 33705 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 in my capacity that I am a managing member or manager of the limited liability company or the receiver or interim empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		4/30/08 727-455-5425	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

3001000



04252008 Chg-LLC CR2E083 (12/06)