

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119899

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ANGELS OF LIGHT HEALTH CARE, LLC

**Current Principal Place of Business:**

1409 RANDOLPH ST.  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1409 RANDOLPH ST.  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 80-0215028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASTANEDA, ANGELA  
1409 RANDOLPH ST.  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** CASTANEDA, ANGELA R  
**Address:** 1409 RANDOLPH ST  
**City-St-Zip:** DELTONA, FL 32725

**Title:** REP  
**Name:** RODRIGUEZ, KATHERINE A  
**Address:** 198 WINDSOR CT  
**City-St-Zip:** SANFORD, FL 32773 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ANGELA CASTANEDA

PRES

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date