

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051467

FILED
Sep 23, 2009
Secretary of State

Entity Name: ANGLADE & ANGLADE, L.L.C.

Current Principal Place of Business:

21251 N.E. 3RD COURT
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

21251 N.E. 3RD COURT
MIAMI, FL 33179

New Mailing Address:

FEI Number: 26-2682057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

O'NEILL, LEONARD P
3470 EAST COAST AVE. STE H1007
MIAMI, FL 33177 US

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: MGRM () Delete
Name: ANGLADE, DOMINIQUE
Address: 1470 N.E. 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGRM () Delete
Name: ANGLADE, LAURA
Address: 21251 N.E. 3RD COURT
City-St-Zip: MIAMI, FL 33179

Title: MGR (X) Delete
Name: O'NEILL, LEONARD P
Address: 3470 EAST COAST AVE. STE H1007
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURA ANGLADE

MGRM

09/23/2009

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