

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068510

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: ANGELINA JOLIE LLC

**Current Principal Place of Business:**

16805 S.W. 97 AVE.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 343889  
FLORIDA CITY, FL 33034

**New Mailing Address:**

FEI Number: 23-3008311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PELLETIER, JAVIER  
16805 S.W. 97 AVE.  
MIAMI, FL 33157      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: P ( ) Delete  
Name: PELLETIER, ANGELINA JOLIE  
Address: P.O. BOX 343889  
City-St-Zip: MIAMI, FL 33034

Title: CEO ( ) Delete  
Name: PELLETIER, JAVIER  
Address: P.O. BOX 343889  
City-St-Zip: MIAMI, FL 33034

Title: D ( ) Delete  
Name: PELLETIER, MARTHA C  
Address: P.O. BOX 343889  
City-St-Zip: MIAMI, FL 33034

Title: MGRM ( ) Delete  
Name: PELLETIER, JAVIER JR.  
Address: P.O. BOX 343889  
City-St-Zip: MIAMI, FL 33034

Title: MGRM ( ) Delete  
Name: PELLETIER, LISSETTE  
Address: P.O. BOX 343889  
City-St-Zip: MIAMI, FL 33034

Title: MGRM ( ) Delete  
Name: PELLETIER, JENNIFER M  
Address: P.O. BOX 343889  
City-St-Zip: MIAMI, FL 33034

**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:

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: MARTHA C PELLETIER

D

01/08/2009

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