

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022953

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** CHARLIES ANGELS P.I. SERVICES, "LLC"

**Current Principal Place of Business:**

16850 COLLINS AVENUE  
112-301  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

3907 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

16850 COLLINS AVENUE  
112-301  
SUNNY ISLES, FL 33160

**New Mailing Address:**

P.O. BOX 2490  
WINTER HAVEN, FL 33883

**FEI Number:** 26-4400107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENRIQUEZ, CAROLINE E  
16850 COLLINS AVENUE  
112-301  
SUNNY ISLES, FL 33160 US

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

HENRIQUEZ, CAROLINE E  
3907 OSPREY POINTE CIRCLE  
WINTER HAVEN, FL 33884 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: CAROLINE E HENRIQUEZ

01/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HENRIQUEZ, CAROLINE E  
Address: P.O. BOX 2490  
City-St-Zip: WINTER HAVEN, FL 33883

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: CAROLINE E HENRIQUEZ

MGR

01/18/2012

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