

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058466

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ANGEL'S INSURANCE AGENCY LLC

**Current Principal Place of Business:**

102 MCKAY BLVD.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

102 MCKAY BLVD.  
SANFORD, FL 32771

**New Mailing Address:**

PO BOX 1714  
SANFORD, FL 32772

**FEI Number:** 38-3797396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS-REDDEN, SHARON  
102 MCKAY BLVD.  
SANFORD, FL 32771 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: MGR  
Name: REDDEN, SHARON  
Address: 102 MCKAY BLVD.  
City-St-Zip: SANFORD, FL 32771

Title: MGR  
Name: STOKES, LITASHA  
Address: 2752 SHELLA DR.  
City-St-Zip: APOPKA, FL 32712

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: SHARON HICKS-REDDEN

MGR

04/27/2011

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