

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90004 013 ***138.75

DOCUMENT # L96000000396

1. Entity Name -
ANGELIQUE INVESTMENT L.C.



Principal Place of Business
**222 NEBIT STREET
PUNTA GORDA, FL 33950**

Mailing Address
**P.O. BOX 510308
PUNTA GORDA, FL 33951-0308**

DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-0671777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HORNER, MICHAEL J
222 NEBIT STREET
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGR~~
NAME ~~SAUER, MANFRED~~
STREET ADDRESS ~~22000 BROADRANCH DRIVE~~
CITY - ST - ZIP ~~PORT CHARLOTTE, FL 33948~~

TITLE MGR
NAME SAUER, DIRK
STREET ADDRESS 22000 BROADRANCH DRIVE
CITY - ST - ZIP PORT CHARLOTTE, FL 33948

TITLE MGR
NAME SAUER, SVEN
STREET ADDRESS 22000 BROADRANCH DRIVE
CITY - ST - ZIP PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *M. Sauer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-18-08 941-575-6405