# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M07000001185**

**1. Entity Name**
ANGEL ENTERPRISES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 48 EAST 57TH STREET | 48 EAST 57TH STREET |
| NEW YORK, NY 10022 | NEW YORK, NY 10022 |

## DO NOT WRITE IN THIS SPACE

30010996

07092008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | | Applied For |
|---|---|---|
| 20-0096587 | | Not Applicable |

5. Certificate of Status Desired  ☐   **$5.00** Additional Fee Required

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**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____  *Jacob ARABOU*          8/22/08

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**   In accordance with s. 607.193(2)(b), F.S., the limited
**Due by September 12, 2008**   liability company did not receive the prior notice.

**9.                    MANAGING MEMBERS/MANAGERS**

| | |
|---|---|
| TITLE | MGRM |
| NAME | ARABOV, JACOB |
| STREET ADDRESS | 48 EAST 57TH STREET |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | MGRM |
| NAME | ARABOV, ANGELA |
| STREET ADDRESS | 48 EAST 57TH STREET |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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: _____  *Jacob Arabov*          8/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #