2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90079 049 ***138.75

DOCUMENT # M07000002207

1. Entity Name
ANGELS' SHARES SOUTH, L.L.C.

Principal Place of Business	Mailing Address
6550 NW 74TH AVE. MEDLEY, FL 33166	6550 NW 74TH AVE. MEDLEY, FL 33166

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, GORDON
1318 MAYFAIR TER.
FT. MYERS, FL 33919

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	LOUBIERE, MAX E
STREET ADDRESS	333 AURORA AVE.
CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	MGR
NAME	SNYDER, MARK A
STREET ADDRESS	5322 AVENUE N, SUITE 201A
CITY-ST-ZIP	BROOKLYN, NY 11234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FROM :OCEANVIEW BUSINES SERVICE FAX NO. :6312365160 Jan. 11 2008 02:52PM P1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # M07000002207

1. Entity Name
ANGELS' SHARES SOUTH, L.L.C.

Principal Place of Business	Mailing Address
6550 NW 74TH AVE. MEDLEY, FL 33166	6550 NW 74TH AVE. MEDLEY, FL 33166

DO NOT WRITE IN THIS SPACE

01112008No Chg-LLC CR2E003 (12/07)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, GORDON
1318 MAYFAIR TER.
FT. MYERS, FL 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOUBIERE, MAX E
STREET ADDRESS	333 AURORA AVE.
CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	MGR
NAME	SNYDER, MARK A
STREET ADDRESS	5322 AVENUE N, SUITE 201A
CITY-ST-ZIP	BROOKLYN, NY 11234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 605, Florida Statutes.

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