

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092117

**FILED  
Jan 10, 2017  
Secretary of State  
CC5507748138**

**Entity Name:** ANGEL PROPERTY MANAGEMENT & REAL ESTATE, LLC

**Current Principal Place of Business:**

6635 WEST COMMERCIAL BLVD.  
SUITE 200  
TAMARAC, FL 33319

**Current Mailing Address:**

6635 WEST COMMERCIAL BLVD.  
SUITE 200  
TAMARAC, FL 33319 US

**FEI Number:** 27-1013606

**Certificate of Status Desired:** Yes

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

CHISHOLM, JILLIAN  
6635 WEST COMMERCIAL BLVD.  
SUITE 200  
TAMARAC, FL 33319 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            OWNER, COO  
Name            CHISHOLM, JILLIAN  
Address        6635 WEST COMMERCIAL BLVD.  
                  SUITE 200  
City-State-Zip: TAMARAC FL 33319

Title            OWNER, CEO  
Name            CHISHOLM, LENWORTH AKIL  
Address        6635 WEST COMMERCIAL BLVD.  
                  SUITE 200  
City-State-Zip: TAMARAC FL 33319

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JILLIAN CHISHOLM

**COO**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date