## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000125754

Entity Name: ANGEL- BELLO FAMILY SERVICES, LLC

**Current Principal Place of Business:** 

5454 ROBERT SCOT DR N JACKSONVILLE. FL 32207

**Current Mailing Address:** 

5454 ROBERT SCOT DR N JACKSONVILLE, FL 32207 US

FEI Number: 45-3754415 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARRERO, REYNA 5454 ROBERT SCOT DR N JACKSONVILLE, FL 32207 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: REYNA MARRERO 04/15/2013

Electronic Signature of Registered Agent

Date

FILED Apr 15, 2013

**Secretary of State** 

CC4803444510

Authorized Person(s) Detail:

Title P Title MANAGER

NameMARRERO, REYNANameANGEL BELLO, LAZAROAddress5454 ROBERTS SCOTAddress4438 KENNEDY CT

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title CO MANAGER

Name ANGEL BELLO, AMARELYS
Address 5454 ROBERT SCOT DR N
City-State-Zip: JACKSONVILLE FL 32207

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REYNA MARRERO

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

04/15/2013

Date