

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143229

**Entity Name:** ANGEL AIRE LLC

**Current Principal Place of Business:**

238 MADGE LANE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

238 MADGE LANE  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 45-3953451

**Certificate of Status Desired:** No

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

EDWARDS, LORALYN  
238 MADGE LANE  
SANTA ROSA BEACH, FL 32459 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           | MGRM               | Title           | MGRM                      |
| Name            | EDWARDS, RAYMON    | Name            | EDWARDS, LORALYN          |
| Address         | 238 MADGE LANE     | Address         | 238 MADGE LANE            |
| City-State-Zip: | SANTA ROSA BACH FL | City-State-Zip: | SANTA ROSA BEACH FL 32459 |

*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:** LORALYN EDWARDS

**MGRM**

**08/10/2017**

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

\_\_\_\_\_  
Date