## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017349

**Entity Name: ANGELOSCAFE LLC** 

rrent Bringinal Blace of Business

**Current Principal Place of Business:** 

6800 N DALE MABRY HWY SUITE 190 TAMPA, FL, FL 33614

**Current Mailing Address:** 

6800 N DALE MABRY HWY SUITE 190 TAMPA, FL, FL 33614

FEI Number: 46-1951145 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VIERA, ARLENES A 301 FERN GULLEY DR SEFFNER, FL 33584 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: ARLENES A VIERA 04/29/2015

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR

Name VIERA, ARLENES A

Address 6800 N DALE MABRY HWY, SUITE 190

City-State-Zip: TAMPA FL 33614

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: ARLENES VIERA OWNER 04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date

FILED Apr 29, 2015

**Secretary of State** 

CC7754020092