

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017349

Entity Name: ANGELOSCAFE LLC

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: No

Name and Address of Current Registered Agent:

PABON, SANTOS A
324 TERRANOVA BLVD
WINTER HAVEN, FL 33884 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 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

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date