

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000022574

**Entity Name:** ANGELS MANAGEMENT, LLC

**Current Principal Place of Business:**

3080 34TH ST N  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

3080 34TH ST N  
ST PETERSBURG, FL 33713 US

**FEI Number:** 46-2027529

**Certificate of Status Desired:** No

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

APPLE, PAUL L  
3080 34TH ST N  
ST PETERSBURG, FL 33713 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           MANAGER, AUTHORIZED MEMBER  
Name           APPLE, PAUL L  
Address        3080 34TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title           MEMBER  
Name           APPLE, LISA  
Address        3080 34TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title           MEMBER  
Name           APPLE, BLAKE E  
Address        3080 34TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title           MEMBER  
Name           APPLE, JESSLYN G  
Address        3080 34TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

*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:** PAUL APPLE

**MANAGING MEMBER**

**04/02/2018**

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

\_\_\_\_\_  
Date