## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000094007

Entity Name: ANGELO FAMILY, LLC

Current Principal Place of Business:

11406 N. DALE MABRY HWY

#107

TAMPA, FL 33681

**Current Mailing Address:** 

11406 N. DALE MABRY HWY

#107

TAMPA, FL 33681

FEI Number: 35-2509463 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGELO, CHRISTOPHER CPA 11406 N. DALE MABRY HWY #107

TAMPA, FL 33618 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

FILED Feb 24, 2019

**Secretary of State** 

3060138714CC

Authorized Person(s) Detail:

Title MGR Title MANAGER

Name ANGELO, CHRISTOPHER Name ARIC, ANGELO REYNOLDS MANAGER
Address 4415 CARROLLWOOD VILLAGE DR Address 4415 CARROLLWOOD VILLAGE DR

City-State-Zip: TAMPA FL 33618 City-State-Zip: TAMPA FL 33618

Title MANAGER

Name ANGELO, ARIANA REYNOLDS

MANAGER

Address 4415 CARROLLWOOD VILLAGE DRIVE

City-State-Zip: TAMPA FL 33618

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: CHRISTOPHER ANGELO

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

02/24/2019