

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000155147

**Entity Name:** ANGELL'S HOME CARE CONSULTANTS LLC

**Current Principal Place of Business:**

1045 LAKE ELLA RD  
FRUITLAND PARK, FL 34731

**Current Mailing Address:**

1045 LAKE ELLA RD.  
FRUITLAND PARK, FL 34731 US

**FEI Number:** 47-5021423

**Certificate of Status Desired:** No

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

ANGELL, SHELLEY L  
1045 LAKE ELLA RD.  
FRUITLAND PARK, FL 34731 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 ANGELL, SHELLEY L  
Address 1045 LAKE ELLA RD.  
City-State-Zip: FRUITLAND PARK FL 34731

*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:** SHELLEY L. ANGELL

**OWNER**

**04/29/2016**

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

\_\_\_\_\_  
Date