

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000116647

Entity Name: MY HOUSE ANGELS, LLC

Current Principal Place of Business:

2225 BERRY ROAD
PLANT CITY, FL 33567

Current Mailing Address:

POST OFFICE BOX 4195
PLANT CITY, FL 33567 US

FEI Number: 81-3267848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEXTER, GLENDA
2225 BERRY ROAD
PLANT CITY, FL 33567 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 AMBR
Name DEXTER, GLENDA
Address POST OFFICE BOX 4195
City-State-Zip: PLANT CITY FL 33563

Title MGR
Name ALLEN, TAMMY
Address POST OFFICE BOX 7410
City-State-Zip: WESLEY CHAPEL FL 33545

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: TAMMY L ALLEN

MANGER

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date