

**2018 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           MANAGER  
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 ALLEN**

**MANAGER**

**04/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date