

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000120907

**Entity Name:** 5052 ANGOLA CIRCLE LLC

**Current Principal Place of Business:**

5738 REYNOLDS ROAD  
WELLINGTON, FL 33449

**Current Mailing Address:**

PO BOX 210217  
ROYAL PALM BEACH, FL 33421

**FEI Number:** 81-3407557

**Certificate of Status Desired:** No

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

KEITH D. KERN, P.A.  
238 NE 1ST AVENUE  
DELRAY BEACH, FL 33444 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 ISRAEL, JOSEPH  
Address 5738 REYNOLDS ROAD  
City-State-Zip: WELLINGTON FL 33449

Title AMBR  
Name ISRAEL, MARIE  
Address 5783 REYNOLDS ROAD  
City-State-Zip: WELLINGTON FL 33449

*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:** JOSEPH ISRAEL

**OWNER/MGR**

**04/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date