## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000274433

Entity Name: ANGARSTAM FYMLIA, LLC

**Current Principal Place of Business:** 

10237 SHADOW BRANCH DR TAMPA, FL 33647

**Current Mailing Address:** 

10237 SHADOW BRANCH DR TAMPA, FL 33647 US

FEI Number: 83-2973919 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEADOWS, CHRISTIAN J 10237 SHADOW BRANCH DR TAMPA, FL 33647 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** Apr 24, 2019

**Secretary of State** 

1517494823CC

Authorized Person(s) Detail:

Title MGR

Title MGR

MEADOWS, CHRISTIAN J Name Name MEADOWS, MARK A

10237 SHADOW BRANCH DR Address 10237 SHADOW BRANCH DR Address

City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33647

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: CHRISTIAN MEADOWS

**MGR** 

04/24/2019