

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000324947

**Entity Name:** ANGELEEN ROSE, LLC

**Current Principal Place of Business:**

85 KELLEY'S TRAIL  
OLDSMAR, FL 34677

**Current Mailing Address:**

PO BOX 2567  
OLDSMAR, FL 34677 US

**FEI Number:** 85-4268554

**Certificate of Status Desired:** No

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

HANWAY, KELEEN M  
85 KELLEY'S TRAIL  
OLDSMAR, FL 34677 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:** KELEEN M HANWAY

04/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	MGR
Name	MOHEREK, ANGELEEN	Name	HANWAY, KELEEN M
Address	6009 STATE RT. 60	Address	PO BOX 2567
City-State-Zip:	WAKEMAN OH 44889	City-State-Zip:	OLDSMAR FL 34677

*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:** KELEEN M HANWAY

MANAGER

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date