#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000143330

Entity Name: ARCHANGEL SIGNATURE TESTING SERIVES LLC

FILED
Apr 30, 2024
Secretary of State
4748901082CC

## **Current Principal Place of Business:**

1685 LEE RD SUITE 210

WINTER PARK, FL 32789

# **Current Mailing Address:**

5465 ARPANA DR ORLANDO, FL 32839 US

FEI Number: 86-3418038 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PASCAL, ANGELINE 5465 ARPANA DR ORLANDO, FL 32839 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 Title MGR

NamePASCAL, ANGELINENamePASCAL, ANGELINEAddress4428 MARTINS WAYAddress5465 ARPANA DRCity-State-Zip:ORLANDO FL 32808City-State-Zip:ORLANDO FL 32839

Title OWNE

Name PASCAL, ANGELINE
Address 4428 MARTINS WAY
City-State-Zip: ORLANDO FL 32808

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: ANGELINE PASCAL

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

04/30/2024