Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number: 104662003400

Phone : (516) 935-3940 Fax Number : (800) 293-4075

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kstubbs@annie-mac.com

FLORIDA LIMITED LIABILITY CO.

Anmac Tampa Lease, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H15000100600

The name of the Limited Liability Comp	my is:
Anm	ac Tampa Lease, LLC
(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Tampa, FL 33607 ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot	Tampa, FL 33607 stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an individual or
Tampa, FL 33607 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl	Tampa, FL 33607 stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an individual or orida registration.)
Tampa, FL 33607 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address	Tampa, FL 33607 stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an individual or orida registration.) of the registered agent are:
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of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Bruce B. Hubbard, President

(CONTINUED)

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H15000100600

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Joseph Panebianco
AMON	700 East Gate Drive
	Mt. Laurel, NJ 08054
	Wit. Laurei. NJ 00054
	
	
(Use attachment if necessary)	★
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LE V: Effective date, if other than the date fective date is listed, the date must be a of filing.) LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document authorized representative of a member.

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