


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**3 Apr 15, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90173 043 \*\*\*143.75

**DOCUMENT # L07000098715**

1. Entity Name  
**AMC TRADING, LLC**



Principal Place of Business  
**72 SOUTH PALM AVE.  
 SARASOTA, FL 34236**

Mailing Address  
**72 SOUTH PALM AVE.  
 SARASOTA, FL 34236**

**30003911**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**4910 S Tamiami Trail**  
 Suite, Apt. #, etc.

02152008 Chg-LLC CR2E083 (12/06)

City & State  
**Sarasota**

4. FEI Number  
**26-1164458**

Applied For  
 Not Applicable

Zip  
**34231**

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHOKR, LARUE  
 72 SOUTH PALM AVE.  
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **3/14/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>MANAGING MEMBER</b>	<input type="checkbox"/> Delete
NAME <b>ALI CHOKR</b>	
STREET ADDRESS <b>4008 Bayside Dr.</b>	
CITY-ST-ZIP <b>BRADENTON FL-34210</b>	
TITLE <b>MEMBER</b>	<input type="checkbox"/> Delete
NAME <b>HASSAN CHOKR</b>	
STREET ADDRESS <b>211 Dade Ave.</b>	
CITY-ST-ZIP <b>Sarasota FL-34232</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/8/08** DAYTIME PHONE: **941-9214016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone