

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075634

**Entity Name:** A.M.A., L.L.C.

**Current Principal Place of Business:**

2696 S.E. WILLOUGHBY BLVD  
STUART, FL 34994

**Current Mailing Address:**

2696 S.E. WILLOUGHBY BLVD  
STUART, FL 34994

**FEI Number:** 84-1659512

**Certificate of Status Desired:** No

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

SCORNAVACCA, ARTHUR SR.  
2696 SE WILLOUGHBY BLVD  
STUART, FL 34994 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 MGR  
Name SCORNAVACCA, ARTHUR J SR.  
Address 2696 SE WILLOUGHBY BLVD  
City-State-Zip: STUART FL 34994

Title MGR  
Name SCORNAVACCA, ARTHUR J JR.  
Address 2696 SE WILLOUGHBY BLVD  
City-State-Zip: STUART FL 34994

*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:** ARTHUR SCORNAVACCA JR

MGR

02/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date