

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023469

Entity Name: A.M.B.F. LLC

Current Principal Place of Business:

3535 WASHINGTON STREET
GURNEE, IL 60031

Current Mailing Address:

3535 WASHINGTON STREET
GURNEE, IL 60031

FEI Number: 65-1247461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROSTEN, ADAM
3940 NORTH FLAGLER ROAD, UNIT 306
WEST PALM BEACH, FL 33407 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 MGRM
Name BROSTEN, ADAM
Address 3940 NORTH FLAGLER #306
City-State-Zip: WEST PALM BEACH FL 33407

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: ADAM BROSTEN

MGRM

03/10/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date