

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062685

**Entity Name:** AMA LIMITED CO.

**Current Principal Place of Business:**

3573 ARNOLD AVE., UNIT A  
NAPLES, FL 34104

**Current Mailing Address:**

3573 ARNOLD AVE., UNIT A  
NAPLES, FL 34104 US

**FEI Number:** 72-1618381

**Certificate of Status Desired:** Yes

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

SOLOMON, GENE RCPA  
1342 COLONIAL BLVD.  
SUITE B-11  
FORT MYERS, FL 33907 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 ALICE, MEIR  
Address 3573 ARNOLD AVE., UNIT A  
City-State-Zip: NAPLES FL 34104

Title MGRM  
Name ALICE, ROBYN  
Address 3573 ARNOLD AVE., UNIT A  
City-State-Zip: NAPLES FL 34104

*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:** ROBYN ALICE

MGRM

03/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date