

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062685

**Entity Name:** AMA LIMITED CO.

**Current Principal Place of Business:**

3897 7TH AVE. S.W.  
NAPLES, FL 34117

**Current Mailing Address:**

3897 7TH AVE. S.W.  
NAPLES, FL 34117 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               | Title           | MGRM               |
| Name            | ALICE, MEIR        | Name            | ALICE, ROBYN       |
| Address         | 3897 7TH AVE. S.W. | Address         | 3897 7TH AVE. S.W. |
| City-State-Zip: | NAPLES FL 34117    | City-State-Zip: | NAPLES FL 34117    |

*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

03/08/2016

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

\_\_\_\_\_  
Date