

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000051557

**Entity Name:** AMANDREX LLC

**Current Principal Place of Business:**

2052 S. UNIVERSITY DRIVE  
DAVIE, FL 33324

**Current Mailing Address:**

2052 S. UNIVERSITY DRIVE  
DAVIE, FL 33324 UN

**FEI Number:** 22-3979743

**Certificate of Status Desired:** No

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

ILEMAR VENTURES, INC.  
2052 S. UNIVERSITY DRIVE  
DAVIE, FL 33324 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 ILEMAR VENTURES, INC.  
Address 2052 S. UNIVERSITY DRIVE  
City-State-Zip: DAVIE FL 33324

Title MGR  
Name MARIO, BARROSO A  
Address 2052 S. UNIVERSITY DRIVE  
City-State-Zip: DAVIE FL 33324

Title S  
Name BARROSO, MARIO A  
Address 2052 S. UNIVERSITY DRIVE  
City-State-Zip: DAVIE FL 33324

*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:** MARIO A. BARROSO

**OPERATIONS MANAGER** 01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date