# 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: GOKHAN GULEC Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AUTOMATED MOBILE TECHNOLOGIES LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

13794 NW 4TH ST SUITE 205 SUNRISE, FL 33325

## **Current Mailing Address:**

13794 NW 4TH ST SUITE 205 SUNRISE, FL 33325 US

## FEI Number: 45-2278575

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

GULEC, GOKHAN 13794 NW 4TH ST SUITE 205 SUNRISE, FL 33325 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

#### Authorized Person(s) Detail ·

Authorized Ferson(s) Detail .			
Title	MGRM	Title	MGRM
Name	GULEC, GOKHAN	Name	ESEN, SELIM
Address	13794 NW 4TH ST SUITE 205	Address	13794 NW 4TH ST SUITE 205
City-State-Zip:	SUNRISE FL 33325	City-State-Zip:	SUNRISE FL 33325

FILED Jan 09, 2014 Secretary of State CC3725567486

Date

Certificate of Status Desired: No

MANAGING PARTNER 01/09/2014