

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054424

**Entity Name:** AMAFCP LLC.

**Current Principal Place of Business:**

400 KINGS POINT DRIVE APT 516  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

400 KINGS POINT DRIVE APT 516  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 27-3853264

**Certificate of Status Desired:** Yes

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

PAGANI, MARTA S  
400 KINGS POINT DRIVE APT 516  
SUNNY ISLES BEACH, FL 33160 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	MGR	Title	SECRETARY
Name	PAGANI, MARTA S	Name	PAGANI, CARINA S MS.
Address	400 KINGS POINT DRIVE APT 516	Address	400 KINGS POINT DRIVE APT 516
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** MARTA S PAGANI

**PRESIDENT**

**03/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date