

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000070437

**Entity Name:** AMSK, LLC

**Current Principal Place of Business:**

14951 ROYAL OAKS LN  
802  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

14951 ROYAL OAKS LN  
802  
NORTH MIAMI, FL 33181 US

**FEI Number:** 45-4708763

**Certificate of Status Desired:** No

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

JONES, STEVEN LESQ.  
9999 NE 2ND AVENUE  
SUITE 216  
MIAMI SHORES, FL 33138 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 SAIEH, ALEXANDRA  
Address 14951 ROYAL OAKS LN  
802  
City-State-Zip: NORTH MIAMI FL 33181

Title MGRM  
Name SAIEH, MAHER S  
Address 14951 ROYAL OAKS LN  
802  
City-State-Zip: NORTH MIAMI FL 33181

Title MGRM  
Name SAIEH, SABRINA  
Address 14951 ROYAL OAKS LN  
802  
City-State-Zip: NORTH MIAMI FL 33181

Title MGRM  
Name SAIEH, KHALIL  
Address 14951 ROYAL OAKS LN  
802  
City-State-Zip: NORTH MIAMI FL 33181

*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:** SABRINA SAIEH

**MGRM**

**02/24/2015**

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

\_\_\_\_\_  
Date