

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000063536

Entity Name: AMI COTTAGES, LLC**Current Principal Place of Business:**5321 MEMORIAL HIGHWAY
TAMPA, FL 33634**Current Mailing Address:**5321 MEMORIAL HIGHWAY
TAMPA, FL 33634**FEI Number:** 45-5252212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILLER, MARTIN H
5321 MEMORIAL HIGHWAY
TAMPA, FL 33634 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 CEO
Name HILLER, MARTIN H
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title VP
Name HILLER, JAN
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title VP
Name HILLER, WESLEY
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title VP
Name HILLER, ASHLEY
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title VP
Name HILLER, JORDAN
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title VP
Name DORBAD, CHRISTIE
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title CFO, VP
Name PEREZ, JESSE
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

Title TREASURER, SECRETARY
Name HATHAWAY, SARAH
Address 5321 MEMORIAL HIGHWAY
City-State-Zip: TAMPA FL 33634

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: MARTIN HILLER

CEO

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date