

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000071960

**Entity Name:** AMEN ASSOCIATES LLC

**Current Principal Place of Business:**

3648 THAL RD  
TITUSVILLE, FL 32796

**Current Mailing Address:**

3648 THAT RD  
TITUSVILLE, FL 32796

**FEI Number:** 45-5309979

**Certificate of Status Desired:** No

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

SORENSEN, BRYAN  
210 CATALINA ISLE DR  
MERRITT ISLAND, FL 32953 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  
Name EISLER, ALLEN W  
Address 3648 THAT RD  
City-State-Zip: TITUSVILLE FL 32796

Title MGRM  
Name EISLER, ESTHER P  
Address 3648 THAL RD  
City-State-Zip: TITUSVILLE FL 32796

Title MGRM  
Name CHANNELL, NORMAN VJR  
Address 134 VALENCIA RD  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name CHANNELL, ROSE M  
Address 134 VALENCIA RD  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name CONTRERAS, MAURICIO I  
Address 4810 BYRON ST  
City-State-Zip: COCOA FL 32927

Title MGRM  
Name CONTRERAS, KATE  
Address 4810 BYRON ST  
City-State-Zip: COCOA FL 32927

*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:** NORMAN V CHANNELL

MGRM

02/28/2014

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

\_\_\_\_\_  
Date