## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000026106

Entity Name: AMSALD LLC

**Current Principal Place of Business:** 

4100 WILLIAMS ISLAND BLVD. **APT 903** 

AVENTURA, FL 33160

**Current Mailing Address:** 

4100 WILLIAMS ISLAND BLVD.

**APT 903** 

AVENTURA, FL 33160

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROFESSIONAL TITLE AND CLOSING SERVICES 2490 NE MIAMI GARDENS DRIVE AVENTURA, FL 33180 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:

City-State-Zip:

Address

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2015

**Secretary of State** 

CC4275005942

Authorized Person(s) Detail:

Title MGR Title MGR

AMSZYNOWSKI HITES, ALAN Name AMSZYNOWSKI GEDACHT, ARMANDO Name

Address 4100 WILLIAMS ISLAND BLVD. APT Address 4100 WILLIAMS ISLAND BLVD. APT

903 AVENTURA FL 33160

Title MGR

Title MGR Name

AMSZYNOWSKI HITES, DEREK AMSZYNOWSKI HITES, SHANTAL Name 4100 WILLIAMS ISLAND BLVD. APT Address

4100 WILLIAMS ISLAND BLVD. APT

City-State-Zip:

AVENTURA FL 33160 City-State-Zip: City-State-Zip: AVENTURA 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.

AVENTURA FL 33160