

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000139139

Entity Name: AMANDA'S CATEGORY 9 L.L.C.

Current Principal Place of Business:

8218 LEXINGTON VIEW LANE
ORLANDO, FL 32835

Current Mailing Address:

8218 LEXINGTON VIEW LANE
ORLANDO, FL 32835

FEI Number: 90-1023771

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROOKS, MATTIE J
8218 LEXINGTON VIEW LANE
ORLANDO, FL 32835 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 BROOKS, MATTIE J
Address 8218 LEXINGTON VIEW LANE
City-State-Zip: ORLANDO FL 32835

Title MGRM
Name BURNS, RUFUS J
Address 2207 AVENUE O
City-State-Zip: FT PIERCE FL 34950

Title MGRM
Name BAKER, RUBY B
Address 3725 NW 46TH PL
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name BURNS, SIMMIE W
Address 9304 NATURES WAY
City-State-Zip: FT PIERCE FL 34945

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: MATTIE J. BROOKS

MANAGER

03/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date