

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000139139

**FILED**  
**Mar 13, 2016**  
**Secretary of State**  
**CC6430702161**

**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**

**03/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date