

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000166554

Entity Name: AMI ASSOCIATES, LLC**Current Principal Place of Business:**601 BAYSHORE BOULEVARD
SUITE 850
TAMPA, FL 33606**Current Mailing Address:**601 BAYSHORE BOULEVARD
SUITE 850
TAMPA, FL 33606 US**FEI Number:** 46-4227072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	LECK, PAUL J
Address	601 BAYSHORE BOULEVARD, SUITE 850
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	KIRTLEY, JOHN F
Address	601 BAYSHORE BOULEVARD, SUITE 850
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	DOWDEN, WILLIAM L III
Address	601 BAYSHORE BOULEVARD, SUITE 850
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	DARNELL, JAMES B
Address	601 BAYSHORE BOULEVARD, SUITE 850
City-State-Zip:	TAMPA FL 33606

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: WILLIAM L DOWDEN III

MANAGER

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date