

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051174

**Entity Name:** AMSOFTSOLUTIONS,LLC

**Current Principal Place of Business:**

401 NW 87 TH STREET  
101  
PLANTATION, FL 33324

**Current Mailing Address:**

401 NW 87 TH STREET  
101  
PLANTATION, FL 33324

**FEI Number:** 27-4467487

**Certificate of Status Desired:** No

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

MCCREARY, MARK  
401 NW 87TH STREET  
101  
PLANTATION, FL 33324 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            DIR  
Name            MCCREARY, MARK  
Address        401 NW 87TH STREET, SUITE 101  
City-State-Zip: PLANTATION FL 33324

*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:** MARK A. MCCREARY

**PRESIDENT**

**03/13/2015**

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

\_\_\_\_\_  
Date