# 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

SIGNATURE: ALEXANDER W MANSUR

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 249 EAST PISA PLACE SAINT AUGUSTINE, FL 32084

**Current Mailing Address:** 

2800 N 6TH ST UNIT 1 # 228 ST AUGUSTINE. FL 32084 US

### FEI Number: 47-1797805

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

MANSUR, ALEXANDER W 249 EAST PISA PLACE SAINT AUGUSTINE, FL 32084 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

#### Authorized Person(s) Detail :

Title MGR Name MANSUR, ALEXANDER W Address 249 EAST PISA PLACE City-State-Zip: SAINT AUGUSTINE FL 32084

Certificate of Status Desired: Yes

that my name appears above, or on an attachment with all other like empowered. MANAGER

#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AM INSPECTIONS & PROPERTY SERVICES, LLC

#### DOCUMENT# L14000141044

03/17/2017

Date

## FILED Mar 17, 2017 Secretary of State CC3294199775

Date