

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000157855

**Entity Name:** AMS 168, LLC

**Current Principal Place of Business:**

1749 NE MIAMI COURT  
309  
MIAMI, FL 33132

**Current Mailing Address:**

1749 NE MIAMI COURT  
309  
MIAMI, FL 33132 US

**FEI Number:** 47-5177114

**Certificate of Status Desired:** No

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

SHOYKHET, MICHAIL  
1749 NE MIAMI COURT  
309  
MIAMI, FL 33132 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	AMBR	Title	AMBR
Name	SHOYKHET, ALEXSANDER	Name	SHOYKHET, SOFIA
Address	1749 NE MIAMI COURT	Address	1749 NE MIAMI COURT
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** SOFIA SHOYKHET

**MANAGER**

**04/05/2016**

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

\_\_\_\_\_  
Date