

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000159201

**Entity Name:** AMATS, LLC

**Current Principal Place of Business:**

6720 S FLORIDA AVENUE  
APT 4111  
LAKELAND, FL 33813

**Current Mailing Address:**

4205 HOLLAND GROVE WAY  
PLANT CITY, FL 33567 US

**FEI Number:** 47-5087334

**Certificate of Status Desired:** No

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

BURKE, TIMOTHY A  
6720 S FLORIDA AVENUE  
APT 4111  
LAKELAND, FL 33813 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 MGRM  
Name BURKE, TIMOTHY A  
Address 4205 HOLLAND GROVE WAY  
City-State-Zip: PLANT CITY FL 33567

*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:** TIMOTHY BURKE

CEO

02/03/2020

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

\_\_\_\_\_ Date