

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000159201

Entity Name: AMATS, LLC

Current Principal Place of Business:

4205 HOLLAND GROVE WAY
PLANT CITY, FL 33567

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
4205 HOLLAND GROVE WAY
PLANT CITY, FL 33567 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 A. BURKE

MGR

04/05/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date