

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000127540

Entity Name: 3215 AMI LLC**Current Principal Place of Business:**3215 GULF DR
HOLMES BEACH, FL 34217**Current Mailing Address:**PO BOX 33
BOLTON LANDING, NY 12814**FEI Number:** 81-3215414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARBANIEC, PHILIP
3215 GULF DR
HOLMES BEACH, FL 34217 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 | MBR |
| Name | MARCIANO, JOHN |
| Address | 2 LAKESIDE CIR |
| City-State-Zip: | ANDOVER MA 01810 |

| | |
|-----------------|-------------------|
| Title | MBR |
| Name | MARCIANO, ALLISON |
| Address | 2 LAKESIDE CIR |
| City-State-Zip: | ANDOVER MA 01810 |

| | |
|-----------------|-------------------------|
| Title | MBR |
| Name | FARBANIEC, PHILIP |
| Address | PO BOX 33 |
| City-State-Zip: | BOLTON LANDING NY 12814 |

| | |
|-----------------|-------------------------|
| Title | MBR |
| Name | FARBANIEC, CYNTHIA |
| Address | PO BOX 33 |
| City-State-Zip: | BOLTON LANDING NY 12814 |

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: PHILIP FARBANIEC**MEMBER****01/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date