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: ANDRES ARBOLEDA CASTILLO

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 83-1710481

### Name and Address of Current Registered Agent:

SNAPPY TAX, LLC 209 NE 36 AVE OCALA, FL 34470 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	E: BENJAMIN BURKE				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER		
Name	QUINTERO, ANGELICA	Name	ARBOLEDA CASTILLO, ANDRES		
Address	4222 NE 29TH PLACE	Address	4222 NE 29TH PL		
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34470		

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000202332

Entity Name: AMA HOLDINGS OF CENTRAL FLORIDA, LLC

## **Current Principal Place of Business:**

4222 NE 29TH PLACE OCALA, FL 34470

## **Current Mailing Address:**

4222 NE 29TH PLACE OCALA. FL 34470 US

Certificate of Status Desired: No

FILED

2434595066CC

Jan 17, 2024 Secretary of State

01/17/2024

Date