

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000203264

**FILED**  
**Jun 15, 2020**  
**Secretary of State**  
**3447852673CC**

**Entity Name:** AMC CELEBRATION LLC

**Current Principal Place of Business:**

OLD TOWN, 5770 W IRLO BRONSON MEMORIAL HWY  
SUITE 135  
KISSIMMEE, FL 34746

**Current Mailing Address:**

5270 NW 109 AVE  
UNIT 3  
DORAL, FL 33178

**FEI Number:** 83-1706204

**Certificate of Status Desired:** No

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

ALMANZAR ACCOUNTING SERVICES INC  
9700 NW 4TH LN  
MIAMI, FL 33172 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 MGR  
Name REQUENA OJEDA, CARLOS L  
Address 5270 NW 109 AVE UNIT 3  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name REQUENA PARON, ARNOLDO J  
Address 5270 NW 109 AVE UNIT 3  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name REQUENA OJEDA, MARIA A  
Address 5173 NW 105 CT  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name CORPORACION AYC 2013, C.A. CORP  
Address 5173 NW 105 CT  
City-State-Zip: DORAL FL 33178

*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:** CARLOS L REQUENA

**OWNER**

**06/15/2020**

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

\_\_\_\_\_  
Date