10010 HARNEY THONOTOSAS	SSA, FL 33592				
Current Mai	iling Address:				
10010 HARI THONOTOS	NEY RD. SASSA, FL 33592 US				
FEI Number: 86-1190601 Cert			Certificate of Status Des	Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent	:			
TAFOUR, MAR 10010 HARNE					
TAFOUR, MAR 10010 HARNE ^Y THONOTOSAS	Y RD.	ying its registered office or regis	tered agent, or both, in the State of Fl	orida.	
TAFOUR, MAR 10010 HARNE` THONOTOSAS The above name	Y RD. SSA, FL 33592 US	ging its registered office or regis	tered agent, or both, in the State of Fl		
TAFOUR, MAR 10010 HARNE` THONOTOSAS The above name	Y RD. SSA, FL 33592 US d entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of Fl	orida. 04/24/2024 Date	
TAFOUR, MAR 10010 HARNEY THONOTOSAS <i>The above name</i> SIGNATURE	Y RD. SSA, FL 33592 US d entity submits this statement for the purpose of chang E: MARWAN TAFOUR Electronic Signature of Registered Agent	ging its registered office or regis	tered agent, or both, in the State of Fl	04/24/2024	
TAFOUR, MAR 10010 HARNEY THONOTOSAS <i>The above name</i> SIGNATURE	Y RD. SSA, FL 33592 US d entity submits this statement for the purpose of chang E: MARWAN TAFOUR	ging its registered office or regis	tered agent, or both, in the State of Fl	04/24/2024	
TAFOUR, MAR 10010 HARNEY THONOTOSAS The above name SIGNATURE Authorized	Y RD. SSA, FL 33592 US d entity submits this statement for the purpose of chang E: MARWAN TAFOUR Electronic Signature of Registered Agent Person(s) Detail :			04/24/2024	
TAFOUR, MAR 10010 HARNEY THONOTOSAS <i>The above name</i> SIGNATURE Authorized Title	Y RD. SSA, FL 33592 US d entity submits this statement for the purpose of chang E: MARWAN TAFOUR Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	04/24/2024	

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: TAFOUR, MOHAMED

AMBR

04/24/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000397055

Entity Name: AMPM GLASS & ALUMINUM LLC

Current Principal Place of Business:

FILED Apr 24, 2024 Secretary of State 6728553105CC

Electronic Signature of Signing Authorized Person(s) Detail

Date