

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000016326

**Entity Name:** AM HARTSFIELD LLC

**Current Principal Place of Business:**

3215 NW 10TH TERRACE  
SUITE 205  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3215 NW 10 TERRACE  
SUITE 205  
FORT LAUDERDALE, FL 33309

**FEI Number:** 86-1614799

**Certificate of Status Desired:** No

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

HARTSFIELD, ANNE M  
3215 NW 10TH TERRACW  
SUITE 205  
FORT LAUDERDALE, FL 33309 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            PRES  
Name            HARTSFIELD, ANNE M  
Address        3215 NW 10 TERRACE SUITE 205  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** ANNE M HARTSFIELD

**PRESIDENT**

**02/15/2024**

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

\_\_\_\_\_  
Date