

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000453911

**Entity Name:** AMEC HOME DEVELOPMENT LLC**Current Principal Place of Business:**8410 SW 201ST STREET  
CUTLER BAY, FL 33189**Current Mailing Address:**8410 SW 201ST STREET  
CUTLER BAY, FL 33189 US**FEI Number:** 92-0793008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DA ACCOUNTING SERVICES CORP  
8180 NW 36TH STREET  
100 L  
DORAL, FL 33166 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           | AMBR                      |
| Name            | JULIA-MULLALES, ELIZABETH |
| Address         | 8410 SW 201ST STREET      |
| City-State-Zip: | CUTLER BAY FL 33189       |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | IGLESIAS DOMINGUEZ, AMY |
| Address         | 6544 SW 114TH PL, APT A |
| City-State-Zip: | MIAMI FL 33173          |

|                 |                 |
|-----------------|-----------------|
| Title           | MGR             |
| Name            | FERRER, CARMEN  |
| Address         | 12303 SW 32 TER |
| City-State-Zip: | MIAMI FL 33175  |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGR                      |
| Name            | ALBERNAS, MARCOS         |
| Address         | 3606 NW 5TH AVE, APT 903 |
| City-State-Zip: | MIAMI FL 33127           |

*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:** ELIZABETH JULIA-MULLALES

AMBR

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date