

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006560

**Entity Name:** AMH DEVELOPMENT, LLC**Current Principal Place of Business:**23975 PARK SORRENTO,  
SUITE 300  
CALABASAS, CA 91302**Current Mailing Address:**23975 PARK SORRENTO,  
SUITE 300  
CALABASAS, CA 91302 US**FEI Number:** 80-0860173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SINGELYN, DAVID P  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title MGR  
Name CORRIGAN, JOHN (JACK)  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title MGR  
Name VOGT-LOWELL, SARA  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title VICE PRESIDENT - OPERATIONS  
Name STONE, MICHAEL  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title SVP  
Name LANDRY, BRENT  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title VP  
Name REID, GEOFFREY  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title VP  
Name MAHANY, BEN  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title VP  
Name JONES, TODD  
Address 23975 PARK SORRENTO,  
SUITE 300  
City-State-Zip: CALABASAS CA 91302

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*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:** SARA VOGT-LOWELL**MANAGER****01/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	VP
Name	EDWARDS, BRAD
Address	23975 PARK SORRENTO, SUITE 300
City-State-Zip:	CALABASAS CA 91302