

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004265

**Entity Name:** AMERICAN MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

4220 EDISON LAKES PKWY SUITE 230  
MISHAWKA, IN 46545

**Current Mailing Address:**

4220 EDISON LAKES PKWY SUITE 230  
MISHAWKA, IN 46545 US

**FEI Number: 13-4367444**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGRM  
Name ANTIPOV, ALEX  
Address 4220 EDISON LAKES PKWY SUITE 230  
City-State-Zip: MISHAWKA IN 46545

Title S  
Name TEREZIS, THANASIS  
Address 4220 EDISON LAKES PKWY SUITE 230  
City-State-Zip: MISHAWKA IN 46545

Title COO  
Name ROBINSON, VINCENTE  
Address 4220 EDISON LAKES PKWY SUITE 230  
City-State-Zip: MISHAWKA IN 46545

Title OUTSIDE COUNSEL  
Name ANDERSON, DOUGLAS ESQ.  
Address 4220 EDISON LAKES PARKWAY  
SUITE 210  
City-State-Zip: MISHAWAKA IN 46545

*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: VINCENTE ROBINSON**

**COO**

**01/30/2023**

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

\_\_\_\_\_  
Date