

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90019 026 ***143.75

60000401



01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number **59-3621439** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAMES, BEN R
6445 LAKE SUNRISE DR
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name **GAMES, BEN R**
Street Address (P.O. Box Number is Not Acceptable)
814 Church St, Suite 102
City **ELLENTON** FL Zip Code **34222**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ben R. Games, PhD

5 JAN 2008

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **GAMES, BEN R**
STREET ADDRESS **6445 LAKE SUNRISE DRIVE**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE **MGRM** ☒ Delete
NAME **GAMES, HELEN M**
STREET ADDRESS **6445 LAKE SUNRISE DRIVE**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GAMES, BEN R.**
STREET ADDRESS **814 Church St, Suite 102**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GAMES, HELEN M.**
STREET ADDRESS **814 Church St, Suite 102**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **AMSIE LTD LLC**
STREET ADDRESS **814 Church St, Suite 103**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Ben R. Games, PhD

5 JAN 2008

(941) 721-6563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #