

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009270

Entity Name: AMS MATERIALS, LLC

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

12443 SAN JOSE BLVD  
SUITE 1004  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12443 SAN JOSE BLVD  
SUITE 1004  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 59-3662047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COLEMAN, C. RANDOLPH ESQ  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE, FL 32256 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAFFER, J. SCOTT  
Address: 1112 KALMIA COURT  
City-St-Zip: FRUIT COVE, FL 32259

Title: MGRM ( ) Delete  
Name: SHAFFER, VIRGINIA  
Address: 1112 KALMIA COURT  
City-St-Zip: FRUIT COVE, FL 32259

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHAFFER, J  
Address: 12443 SAN JOSE BLVD STE 1004  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM (X) Change ( ) Addition  
Name: SHAFFER, V  
Address: 12443 SAN JOSE BLVD STE 1004  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN SHAFFER

PRES

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date