

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90054 030 \*\*\*\*50.00

**DOCUMENT # L00000011853**

1. Entity Name

THE AMELIA GROUP OF TAMPA, LLC



Principal Place of Business

1408 N. WESTSHORE BLVD. STE 116  
TAMPA, FL 33607

Mailing Address

1408 N. WESTSHORE BLVD. STE 116  
TAMPA, FL 33607

**20042616**



04122005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3673667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERRILL, RANDOLPH  
1408 N. WESTSHORE BLVD. STE 116  
TAMPA, FL 33607

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	CISNEROS, FRANK G
STREET ADDRESS	BOX 320785
CITY- ST- ZIP	TAMPA, FL 33679
TITLE	P
NAME	MERRILL, RANDOLPH S
STREET ADDRESS	1408 N. WESTSHORE BLVD. STE 116
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #