

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007333

1. Entity Name
AMASCO, LLC



Principal Place of Business
103 CENTURY 21 DRIVE, SUITE 201
JACKSONVILLE, FL 32216

Mailing Address
103 CENTURY 21 DRIVE, SUITE 201
JACKSONVILLE, FL 32216



04292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3715619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULVIHILL, PADRAIC E
103 CENTURY 21 DRIVE, SUITE 201
JACKSONVILLE, FL 32216

**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, 2004

U000000144664
04/30/04-80141-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MULVIHILL, PADRAIC E
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE MGRM
NAME JOHNSON, JAMES R
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE MGRM
NAME SMITH, PATRICIA D
STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Padraic E. Mulvihill PE Mulvihill April 26, 2004 904 7259700

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

Date

Daytime Phone #