

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000009167

1. Entity Name
AMSTON INVESTMENTS LLC



Principal Place of Business
**1420 SW 28TH AVENUE
POMPANO BEACH, FL 33069**

Mailing Address
**1420 SW 28TH AVENUE
POMPANO BEACH, FL 33069**

FILED
Feb 11, 2005 08:00 AM
Secretary of State



02082005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1131550

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEXTON, DAVID W JR.
6899 SW 50TH STREET
DAVIE, FL 33314**

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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 reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEXTON, DAVID W JR 6899 SW 50TH STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEXTON, ANTONIA MARIE 6899 SW 50TH STREET DAVIE, FL 33314
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAVID W. SEXTON JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/11/05 9549790107
Date Daytime Phone #