

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90023 007 \*\*\*\*50.00

**DOCUMENT # L01000010037**

1. Entity Name  
AMON INVESTMENTS, LLC



Principal Place of Business  
211 E. INTERNATIONAL SPEEDWAY BLVD  
STE 213  
DAYTONA BEACH, FL 32118

Mailing Address  
211 E. INTERNATIONAL SPEEDWAY BLVD  
STE 213  
DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3727197

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AMON, URSULA  
211 E. INTERNATIONAL SPEEDWAY BLVD  
~~STE 213~~  
DAYTONA BEACH, FL 32118

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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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME AMON, FELIX  
STREET ADDRESS 211 E. INTERNATIONAL SPEEDWAY BLVD., SUITE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM  
NAME AMON, URSULA  
STREET ADDRESS 211 E. INTERNATIONAL SPEEDWAY BLVD., SUITE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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 #