

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000001146

1. Entity Name  
AMSTIN LLC



Principal Place of Business  
15430 N NEBRASKA AVENUE  
LUTZ, FL 33549-6150 US

Mailing Address  
15430 N NEBRASKA AVENUE  
LUTZ, FL 33549-6150 US



01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2181479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

POON, ENOCH M  
16405 BRIEVA DE AVILA  
TAMPA, FL 33613

**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, 2006**

1100000381824  
01/11/06-80071-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGRM                  |
| NAME           | POON, ENOCH M         |
| STREET ADDRESS | 16405 BRIEVA DE AVILA |
| CITY, ST, ZIP  | TAMPA, FL 336131065   |
| TITLE          | MGRM                  |
| NAME           | POON, BETH N          |
| STREET ADDRESS | 16405 BRIEVA DE AVILA |
| CITY, ST, ZIP  | TAMPA, FL 336131065   |
| 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 exemptions contained in Chapter 119, 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

Enoch Poon 1/5/06

Date

(813) 978-0200

Display Phone #