

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001701

**FILED  
Feb 16, 2010  
Secretary of State**

**Entity Name:** AMBER, L.C.

**Current Principal Place of Business:**

STATE ROAD 559  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 689  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 80-0029242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROFOOT RIGNANESE, CYNTHIA  
198 FIRST STREET SOUTH  
WINTER HAVEN, FL 33880      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FEOLI, CARLOS  
Address: PO BOX 689  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR  
Name: FEOLI, JUAN CARLOS  
Address: PO BOX 689  
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS FEOLI

MGR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date