

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000015267

Entity Name: AAMT, LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1720 EL JOBEAN ROAD, SUITE 202  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380090  
MURDOCK, FL 339380090

**New Mailing Address:**

FEI Number: 55-0828287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMARCA, MICHAEL A  
1720 EL JOBEAN ROAD, SUITE 202  
PORT CHARLOTTE, FL 33948 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: MGRM  
Name: LAMARCA, MICHAEL A  
Address: PO BOX 380090  
City-St-Zip: MURDOCK, FL 339380090

Title: MGRM  
Name: TEIXEIRA, MARK  
Address: 1655 CLOW COURT  
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM  
Name: AL-ARNASI, ABRAHAM J JR.  
Address: 5224 BLACKJACK CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982

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: MICHAEL A. LAMARCA

MGRM

02/17/2010

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