

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90284 023 \*\*\*\*50.00

**DOCUMENT # L03000022220**

1. Entity Name

AMTEC, LLC



Principal Place of Business

6421 CONGRESS AVENUE, SUITE 105  
BOCA RATON FL 33487

Mailing Address

6421 CONGRESS AVENUE, SUITE 105  
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20-0070079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN  
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME JOHNSON, LINDA  
STREET ADDRESS 6421 CONGRESS AVENUE, SUITE 105  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE MGR ☐ Delete  
NAME JOHNSON, MICHAEL  
STREET ADDRESS 6421 CONGRESS AVENUE, SUITE 105  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE P ☐ Delete  
NAME JOHNSON, MICHAEL  
STREET ADDRESS 6421 CONGRESS AVENUE, SUITE 105  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE CEO ☐ Delete  
NAME JOHNSON, LINDA  
STREET ADDRESS 6421 CONGRESS AVENUE, SUITE 105  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(561) 999-9181

24014378



MOORE

CR2E083 (11/03)