

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022220

Entity Name: AMTEC, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

902 CLINT MOORE ROAD
SUITE # 235
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

902 CLINT MOORE ROAD
SUITE # 235
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-0070079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLODIG, GREGORY J
100 WEST CYPRESS CREEK ROAD, SUITE 700
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN
FORT LAUDERDALE, FL 33309 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 () Delete
Name: JOHNSON, LINDA
Address: 902 CLINT MOORE ROAD, SUITE # 235
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: JOHNSON, MICHAEL
Address: 902 CLINT MOORE ROAD, SUITE # 235
City-St-Zip: BOCA RATON, FL 33487

Title: P () Delete
Name: JOHNSON, MICHAEL
Address: 902 CLINT MOORE ROAD SUITE # 235
City-St-Zip: BOCA RATON, FL 33487

Title: CEO () Delete
Name: JOHNSON, LINDA
Address: 902 CLINT MOORE ROAD # 235
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 N. JOHNSON

MGR

04/14/2009

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