

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022631

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** AMLES, LLC

**Current Principal Place of Business:**

4721 UNIVERSITY DR.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RS MGMT  
1981 J.N. PEASE PL SUITE 101  
CHARLOTTE, NC 282624529

**New Mailing Address:**

**FEI Number:** 03-0525701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORKIN, LAWRENCE  
4721 UNIVERSITY DR.  
CORAL GABLES, FL 33146 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: NIKROS, INC.  
Address: 4721 UNIVERSITY DR.  
City-St-Zip: CORAL GABLES, FL 33146

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: LAWRENCE SORKIN

MM

04/06/2012

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