

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 SEP 22 PM 5:03

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # L03000030229

1. Limited Liability Company's Name

AMG Management, LLC

2. Principal Office Address - No P.O. Box #

7565 Indian Oaks Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7565 Indian Oaks Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32966

Country

USA

Zip

32966

Country

USA

8. Name and Address of Current Registered Agent

Name

Bruce R. Abernethy, Jr.

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

130 S. Indian River Drive, Suite 201

Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 8/14/2003

6. FEI Number
56-2386702

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-21-2017

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
m	Ann M. Golden	7565 Indian Oaks Drive Vero Beach, FL 32966	Vero Beach, FL 32966

11. E-mail Address babernethy@bruceapa.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone # 772-538-5251

Typed or printed name of signing authorized representative/member