

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040273

1. Entity Name
AMPROP MANAGEMENT, LLC



FILED
Apr 11, 2008 08:00 A
Secretary of State

Principal Place of Business
12950 RACETRACK RD - 201
STE 201
TAMPA, FL 33626 US

Mailing Address
12950 RACETRACK RD - 201
STE 201
TAMPA, FL 33626 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
51-0487063

Applied For
Not Applicable

Zip Country

Zip Country

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

SCHOESSLER, ERIC A
12950 RACE TRACK ROAD
SUITE 201
TAMPA, FL 33626

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
STEFAN, TIMOTHY P
12950 RACETRACK RD - 201
TAMPA, FL 33626

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000000891626
04/23/08-80033-001 138.75

TITLE
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CITY-ST-ZIP

MGR
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☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/08