

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005794

Entity Name: A MINING GROUP, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

871 NW GUERDON ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2871935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE & METCALF, P.A.
1677 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308 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: ANDERSON, JOE H III
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: ANDERSON, DOUG
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: SCHREIBER, BRIAN P
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: JOHNSON, DAN
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: SNYDER, SHAWN
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

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:

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: BRIAN SCHREIBER

SECR

04/14/2009

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