

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90145 036 ****50.00

DOCUMENT # L04000006698

1. Entity Name

AMD BUILDING, LLC



Principal Place of Business

112 SANDY LANE
BREVARD NC 28712

Mailing Address

P.O. BOX 689
CEDAR MOUNTAIN NC 28718



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

54-2141738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, CHARLES R CPA
417 COCONUT AVE, #1
STUART FL 34996

7. Name and Address of New Registered Agent

Name **CHARLES R. SIMMONS CPA**

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

G15 RUSTIC CIRCLE

City

STUART

FL

Zip Code

34997

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 if title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
NAME DEHON, ARTHUR M JR.
STREET ADDRESS 112 SANDY LANE
CITY ST ZIP BREVARD NC 28712

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #