

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90043 003 \*\*\*\*50.00

**DOCUMENT # L04000025190**

1. Entity Name

ASSOCIATION MANAGEMENT GROUP, L.L.C.



Principal Place of Business

1782 MISSISSIPPI AVE. N.E.  
ST. PETERSBURG FL 33703

Mailing Address

1782 MISSISSIPPI AVE. N.E.  
ST. PETERSBURG FL 33703



2. Principal Place of Business

146 2nd St N #202  
Suite, Apt. #, etc. #202

3. Mailing Address

146 2nd St N  
Suite, Apt. #, etc. #202

1st MOORE

CR2E083 (10/05)

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

71-0965167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R ESQ.  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name Alore Saylor

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

146 2nd St N #202

City St. Petersburg

FL

Zip Code 33701

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 resigning)

DATE

7/7/06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SYLOR, ALORE  
STREET ADDRESS 1782 MISSISSIPPI AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE MGRM ☐ Delete  
NAME ARRINGTON, NICHOLAS  
STREET ADDRESS 1782 MISSISSIPPI AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Saylor, Alore  
STREET ADDRESS 146 2nd S N #202  
CITY-ST-ZIP St. Petersburg FL 33701

TITLE MGRM ☒ Change ☐ Addition  
NAME Arrington, Nikolas  
STREET ADDRESS 146 2nd St N #202  
CITY-ST-ZIP St. Petersburg FL 33701

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

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

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

TITLE ☐ 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)

Alore Saylor 7-7-06

Date

Signature Printed Name