

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90066 040 ****55.00

DOCUMENT # L04000072149

1. Entity Name
AMSUNROOMS, LLC



Principal Place of Business
**13191 N. 56TH COURT, SUITE 103
CLEARWATER, FL 33760**

Mailing Address
**13191 N. 56TH COURT, SUITE 103
CLEARWATER, FL 33760**

14011861



2. Principal Place of Business

4405 AKITA DR.

3. Mailing Address

4405 AKITA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-LLC CR2E083 (10/03)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

14-1917164

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

**TICKLES, LARRY
13191 N. 56TH COURT, SUITE 103
CLEARWATER, FL 33760**

7. Name and Address of New Registered Agent

Name

LARRY TICKLES

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

4405 AKITA DRIVE

City

TAMPA

FL

Zip Code

33624

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

Larry Tickles

(NOTE: Registered Agent signature required when registering)

4/28/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR PRESIDENT** ☐ Delete
NAME **TICKLES, LARRY** **4405 AKITA DRIVE**
STREET ADDRESS **13191 N. 56TH COURT, SUITE 103**
CITY- ST- ZIP **CLEARWATER, FL 33760 TAMPA, FL 33624**

TITLE **MGR** ☒ Delete
NAME **NELSON, WAYNE**
STREET ADDRESS **13191 N. 56TH COURT, SUITE 103**
CITY- ST- ZIP **CLEARWATER, FL 33760**

TITLE **MGR** ☒ Delete
NAME **PINTER, J.L.**
STREET ADDRESS **13191 N. 56TH COURT, SUITE 103**
CITY- ST- ZIP **CLEARWATER, FL 33760**

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 ☐ 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

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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 exemption stated in Section 119.07(3)(i), 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:

Larry Tickles

4/28/05

DATE

DATE THE PRINTED