

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90162 022 ***138.75

DOCUMENT # L04000075634

1. Entity Name
A.M.A., L.L.C.



Principal Place of Business
**2696 S.E. WILLOUGHBY BLVD
STUART, FL 34994**

Mailing Address
**2696 S.E. WILLOUGHBY BLVD
STUART, FL 34994**

50003879



04102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1659512

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCORNAVACCA, ARTHUR SR.
2696 SE WILLOUGHBY BLVD
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCORNAVACCA, ARTHUR SR.
STREET ADDRESS	1601 DECKER AVE., BLDG. B, UNIT 208 2696 SE Willoughby Blvd
CITY-ST-ZIP	STUART, FL 34997 Stuart, FL 34994
TITLE	MGR
NAME	SCORNAVACCA, ARTHUR JR.
STREET ADDRESS	1601 DECKER AVE., BLDG. B, UNIT 208 2696 SE Willoughby Blvd
CITY-ST-ZIP	STUART, FL 34997 Stuart, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

772-463-1056