

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018831

Entity Name: AMSFORD, LLC

FILED  
Apr 23, 2010  
Secretary of State

**Current Principal Place of Business:**

520 N. SEMORAN BLVD.  
SUITE 255  
ORLANDO, FL 32807

**New Principal Place of Business:**

229 EMORY PLACE  
ORLANDO, FL 32804

**Current Mailing Address:**

520 N. SEMORAN BLVD.  
SUITE 255  
ORLANDO, FL 32807

**New Mailing Address:**

229 EMORY PLACE  
ORLANDO, FL 32804

FEI Number: 51-0548221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTES, CARL D ESQ  
605 E. ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 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: MGRM  
Name: ARCANUM, LLC  
Address: 229 EMORY PLACE  
City-St-Zip: ORLANDO, FL 32804

Title: MGRM  
Name: MOTES, CARL D  
Address: 1072 LAKE BALDWIN LN  
City-St-Zip: ORLANDO, FL 32814

Title: MGRM  
Name: MARSHALL, WILLIAM J  
Address: 287 VISA OAK DRIVE  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: CARL D MOTES

MGR

04/23/2010

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