

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90046 001 ****69.38

04-30-2008 90046 002 ****69.37

DOCUMENT # L05000022038

1. Entity Name
AMGO, LLC



Principal Place of Business

**6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476**

Mailing Address

**6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476**

DO NOT WRITE IN THIS SPACE



04022008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2453581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAGENDER, REDDY
6601 S MAGNOLIA AVENUE
OCALA, FL 34476**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
REDDY, K N
11265 BRIDGEHOUSE RD
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
REDDY, NAGENDER A
6601 S. MAGNOLIA AVE.
OCALA, FL 34476**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
REDDY, KOTAM R
1700 MACCOY ROAD
ORLANDO, FL 32809**

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

4-15-08 352-239-2535

Date

Daytime Phone #