

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000022531

Entity Name: AM & V, LLC

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1745 VILLAGE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

1600 N. PALAFOX STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

P.O. BOX 1431  
DESTIN, FL 32540

**New Mailing Address:**

P.O. BOX 36097  
PENSACOLA, FL 32516

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CALLAWAY, MARY M P.A.  
1600 N. PALAFOX ST  
PENSACOLA, FL 32501 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: MARY M. CALLAWAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: SHIDFAR, SEYED M  
Address: 1745 VILLIAGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SEYED MOHAMMAD SHIDFAR

MR.

01/03/2007

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