

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 27, 2008 8:00 am
Secretary of State**

05-02-2008 90026 002 ***138.75

DOCUMENT # L05000022531 1. Entity Name AM & V, LLC	
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Principal Place of Business 1600 N. PALAFOX STREET PENSACOLA, FL 32501	Mailing Address P.O. BOX 36097 PENSACOLA, FL 32516
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30007763



04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CALLAWAY, MARY M P.A. 1600 N. PALAFOX ST PENSACOLA, FL 32501
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. SHIDFAR, SEYED M., President 1745 VILLAGE PARKWAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amir M. Shidfar, Treasurer 207-515 Summit at Topsail Destin, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

President

Secretary/Treasurer

**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 806, Florida Statutes.

SIGNATURE: _____

April 30, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #