

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90034 039 \*\*\*\*50.00

**DOCUMENT # L05000031648**

1. Entity Name  
**AMDG, LLC**



Principal Place of Business  
**5007 RUSTIC OAKS CIR.  
NAPLES, FL 34105**

Mailing Address  
**5007 RUSTIC OAKS CIR.  
NAPLES, FL 34105**

**30011811**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

**202613206**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIESKY, JAMES H  
1000 TAMiami TRAIL N.  
SUITE 201  
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00  
Due by September 6, 2006**

*PRD*

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **FREDERICK L. GODUTI**  
STREET ADDRESS **5007 RUSTIC OAKS CIR**  
CITY - ST - ZIP **NAPLES FL 34105**

TITLE **MANAGER** ☐ Delete  
NAME **FREDERICK C. GODUTI**  
STREET ADDRESS **12647 FRANKFELDT**  
CITY - ST - ZIP **HUNTERSVILLE NC 28078**

TITLE **MANAGER** ☐ Delete  
NAME **DAVID R. GODUTI**  
STREET ADDRESS **7086 SUSAN MENDLIACIRCLE**  
CITY - ST - ZIP **NAPLES, FL 34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7/3/06 239 2614810**