

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042671

1. Entity Name
AMBAR, LLC



Principal Place of Business
10 ARAGON AVENUE
#1016
CORAL GABLES, FL 33134 US

Mailing Address
BAHAMAS FINANCIAL CENTRE
P.O. BOX N-3023, NASSAU, NEW PROVIDENCE
BAHAMAS, XX

FILED
08 APR 28 PM 3: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172008 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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

400126353444

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCTAGON MANAGMENT LIMITED BAHHAMS FIN. CNTR., P.O. BOX N-3023 NASSAU, BAHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIANGLE ADMINISTRATION LIMITED BAHHAMS FIN. CNTR., P.O. BOX N-3023 NASSAU, BAHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIRCLE CORPORATE SERVICES LIMITED BAHHAMS FIN. CNTR., P.O. BOX N-3023 NASSAU, BAHAMAS,
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: _____

LESLIE BRACE

DONALD O. CAMPBELL

APR 17 2008

(242) 502-8052

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

Date

Daytime Phone #

Triangle Administration Limited
Director



CORPORATION SERVICE COMPANY

L05000042671

ACCOUNT NO. : 072100000032
REFERENCE : 548024 7545558
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 138.75

ORDER DATE : April 28, 2008
ORDER TIME : 12:49 PM
ORDER NO. : 548024-005
CUSTOMER NO: 7545558

FILED
08 APR 28 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMBAR, LLC

[Signature]

RECEIVED
08 APR 28 PM 2:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake-EXT#2959

EXAMINER'S INITIALS: *[Signature]*