

**- 2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90169 019 ***138.75

DOCUMENT # L05000049886

1. Entity Name
AMPIN LLC



Principal Place of Business
**925 FEDERAL HWY STE 425
BOCA RATON, FL 33432**

Mailing Address
**925 FEDERAL HWY STE 425
BOCA RATON, FL 33432** P.O. Box 11279
Knoxville, TN 37935

60017732



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3831954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, MICHAEL B
C/O SHAPRIO, BLASI & WASSERMAN, P.A.
7777 GLADES ROAD, SUITE 110
BOCA RATON, FL 33434**

**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
LEVIN, STEVEN
925 FEDERAL HWY
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KLEIER, GEORGE W III
925 FEDERAL HWY
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 _____

Steven Levin, Managing Member

(561) 948-7100

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

Date

Daytime Phone #