

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055211

Entity Name: AMMCO HOLDINGS, LLC

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

101 EAST KENNEDY BOULEVARD
SUITE 3925
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

101 EAST KENNEDY BOULEVARD
SUITE 3925
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 20-3042154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBA, RUSSELL T ESQUIRE
100 NORTH TAMPA STREET
SUITE 3575
TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECK, P. JEFFREY
Address: 101 EAST KENNEDY BOULEVARD, SUITE 3925
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: KIRTLEY, JOHN F
Address: 101 EAST KENNEDY BOULEVARD, SUITE 3925
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: HUNTER, MARK
Address: 101 EAST KENNEDY BOULEVARD, SUITE 3925
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK J. HUNTER

MGR

04/03/2009

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