

FILED
Apr 10, 2008 08:00 A
Secretary of State

1. Entity Name
AME, LLC



Mailing Address
2740 S.W. MARTIN DOWNS BLVD.
#318
PALM CITY, FL 34990

02152008No Chg-LLC

CR2E083 (12/07)

Applied For
Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

SADER, MARIANNE
1874 S.W. ST. ANDREWS DR.
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE
000000000720
04/22/08-80107-007 138.75

TITLE	MGR
NAME	SADER, ALI
STREET ADDRESS	1874 S.W. ST. ANDREWS DR.
CITY - ST - ZIP	PALM CITY, FL 34990

TITLE	MGR
NAME	SADER, MARIANNE
STREET ADDRESS	1874 S.W. ST. ANDREWS DR.
CITY - ST - ZIP	PALM CITY, FL 34990

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

**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 of 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 OR AUTHORIZED REPRESENTATIVE

Date:

Dr. [Signature]