

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066532

Entity Name: AME, LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-4285584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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: MARIANNE WATSON SADER

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SADER, ALI  
Address: 1874 S.W. ST. ANDREWS DR.  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: SADER, MARIANNE  
Address: 1874 S.W. ST. ANDREWS DR.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: SADER, MARIANNE W  
Address: 1874 S.W. ST. ANDREWS DR.  
City-St-Zip: PALM CITY, FL 34990

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: MARIANNE WATSON SADER

MGR

03/23/2009

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