

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90030 029 ****50.00

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DOCUMENT # L05000087618																																							
1. Entity Name AMR CONTRACTING, LLC																																							
Principal Place of Business POST OFFICE BOX 6298 NAVARRE BEACH, FL 32566 US		Mailing Address POST OFFICE BOX 6298 NAVARRE BEACH, FL 32566 US																																					
2. Principal Place of Business 211 South Baylen Street Suite, Apt. #, etc.		3. Mailing Address 211 South Baylen Street Suite, Apt. #, etc.																																					
City & State Pensacola, Florida Zip 32501 Country		City & State Pensacola, Florida Zip 32501 Country																																					
4. FEI Number 20-3459166		Applied For Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent GILLIAM, THOMAS J JR. 226 PALAFOX PLACE NINTH FLOOR PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and date is acceptable. (NOTE: Registered Agent signature required when re-registering)</small>																																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																					
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11. I hereby certify that the information supplied with this form 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 authorized to execute this report as required by Chapter 608, Florida Statutes.																																							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																							
Date		Daytime Phone #																																					