

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107278

Entity Name: AME-MATEO, LLC

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

1501 US HWY 441 N
1208
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1501 US HWY 441 N
1208
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 20-3744301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BALINGIT, CHUCHI
1501 US HWY N
1208
THE VILLAGES, FL 32159 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: S & C BALINGIT, LLC,
Address: 1501 US HWY 441 N SUITE 1208
City-St-Zip: THE VILLAGES, FL 32159

Title: MEM () Delete
Name: ALI, LUCILLE
Address: 7326 N KEYSTONE AVE
City-St-Zip: LINCOLNWOOD, IL 60712

Title: MEM () Delete
Name: ALI, MIR SADAT
Address: 7326 N KEYSTONE AVENUE
City-St-Zip: LINCOLNWOOD, IL 60712

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 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: CHUCHI BALINGIT

MGRM

05/04/2006

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