

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117848

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** AMA LLC

**Current Principal Place of Business:**

5200 S UNIVERSITY DR #101  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5200 S UNIVERSITY DR #101  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 86-1155988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBA, ALEXIS  
9062 NW 146 TERR  
MIAMI LAKES, FL 33018 US

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

ALBA, ALEXIS  
5200 S. UNIVERSITY DR  
101  
DAVIE, FL 33328 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: ALEXIS ALBA

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALBA, ALEXIS  
Address: 5200 S. UNIVERSITY DR SUITE 101  
City-St-Zip: DAVIE, FL 33328

I hereby 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: ALEXIS ALBA

MGR

04/29/2011

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