

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90311 003 \*\*\*138.75

**DOCUMENT # L05000121031**

1. Entity Name  
A.M.F.ENTERTAINMENT, LLC



Principal Place of Business  
4995 N.W. 79TH AVE.  
SUITE 114  
DORAL, FL 33166

Mailing Address  
4995 N.W. 79TH AVE.  
SUITE 114  
DORAL, FL 33166

**30007943**



05222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1689255

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CALHEIROS, MOACYR B  
4995 N.W. 79TH AVE.  
SUITE 114  
DORAL, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 Moacyr B Calheiros  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CALHEIROS, MOACYR B  
4995 N.W. 79TH AVE., SUITE 114  
DORAL, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Moacyr B Calheiros  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

05-23-08

Date

(305) 403 4360

Daytime Phone #