


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000000631	
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1. Entity Name
AMAZINFLATES, LLC

Principal Place of Business
**8411 QUARTERHORSE DR
RIVERVIEW, FL 33569 US**

Mailing Address
**8411 QUARTERHORSE DR
RIVERVIEW, FL 33569 US**



05262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4034320

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, RONNIE MR.
8411 QUARTERHORSE DR
RIVERVIEW, FL 33569**

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

Signature, typed or printed name of registered agent and the fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERA, RONNIE MR. 8411 QUARTERHORSE DR RIVERVIEW, FL 33569
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06/05/08-80004-008 143.75

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:

Rivera

5/29/08

813-900-2439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #