

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-08-2007 90206019 ****50.00

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L06000008896

1. Entity Name
AMI BUILDERS, LLC



Principal Place of Business
715 NORTH SHORE DRIVE
ANNA MARIA, FL 34216 US

Mailing Address
P.O. BOX 965
ANNA MARIA, FL 34216 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4419188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205-7734

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
YORK, DICK
P.O. BOX 965
ANNA MARIA, FL 34216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

1/5/07

941-779-9536