

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015209

Entity Name: AMT VENTURES, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

357 ALMERIA AVENUE
UNIT 102
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2449 SW 138 AVENUE
MIAMI, FL 33175 US

Current Mailing Address:

357 ALMERIA AVENUE
UNIT 102
CORAL GABLES, FL 33134 US

New Mailing Address:

2449 SW 138 AVENUE
MIAMI, FL 33175 US

FEI Number: 20-4292087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, TAHITIMI
357 ALMERIA AVENUE
UNIT 102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DELGADO, TAHITIMI
2449 SW 138 AVENUE
MIAMI, FL 33175 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:

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DELGADO, TAHITIMI
Address: 357 ALMERIA AVENUE, UNIT 102
City-St-Zip: MIAMI, FL 33134 US

Title: MGR () Delete
Name: SUCHERO, ANA M
Address: 357 ALMERIA AVENUE, UNIT 102
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELGADO, TAHITIMI
Address: 2449 SW 138 AVENUE
City-St-Zip: MIAMI, FL 33175 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TAHITIMI DELGADO

MGR

02/04/2009

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