

04/02/2008 10:34


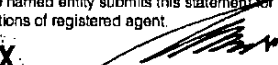
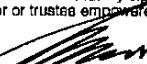
954-946-2264

Teresa Lee

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90318 009 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000030018			
1. Entity Name AMD SUPPLY, LLC			
Principal Place of Business 11250 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025		Mailing Address 11250 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025	
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
4. FEI Number 20-4676708		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAM, CHAN S 19322 SW 11 CT MIRAMAR, FL 33029		Name CHUN S LAM Street Address (P.O. Box Number is Not Acceptable) 11250 INTERCHANGE CIRCLE N City MIRAMAR FL Zip Code 33025	
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: 		DATE 4-10-2008	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LAM, CHUN S	
STREET ADDRESS 18322 SW 17 CT	STREET ADDRESS 11250 Interchange Circle N	CITY - ST - ZIP MIRAMAR FL 33025	
TITLE MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEAN, AMOS	
STREET ADDRESS 1484 NW 129 WAY	STREET ADDRESS	CITY - ST - ZIP SUNRISE, FL 33323	
TITLE MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME MICHAEL COOPER	
STREET ADDRESS	STREET ADDRESS 11681 SW 3RD STREET	CITY - ST - ZIP PLANTATION, FL 33325	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY - ST - ZIP	
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: 		DATE 4-10-2008 954-6022750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	