

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000040152

1. Entity Name
AMPROP HOLDINGS NORTH PORT, LLC



FILED
Apr 11, 2008 08:00 A
Secretary of State

Principal Place of Business

12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US

Mailing Address

12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4732459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOESSLER, ERIC A
12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

1000000891678
04/23/08-80036-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHOESSLER, ERIC A
STREET ADDRESS	12950 RACETRACK RD. STE 201
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #