

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90311 001 ***416.25

DOCUMENT # L06000060981

1. Entity Name
AMENITY DEVELOPERS, LLC



Principal Place of Business
**180 N.W. AMENITY COURT
LAKE CITY, FL 32055**

Mailing Address
**180 N.W. AMENITY COURT
LAKE CITY, FL 32055**

30004898



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

03302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5092279

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HINES, JAMES P
315 S. HYDE PARK AVE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
FRANK SOUCINEK, JR.
Street Address (P.O. Box Number is Not Acceptable)
180 NW AMENITY COURT
City
LAKE CITY FL Zip Code
32055

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, the registered agent.

SIGNATURE

Signature and printed name of registered agent and title if applicable

FRANK SOUCINEK, JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/08

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SOUCINAK, FRANK JR
159 SE CHEYENNE CT
LAKE CITY, FL 32025** ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 partner 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

FRANK SOUCINEK, JR.

Date

Daytime Phone #

4/21/08 386-752-5218