

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-21-2008 90065 039 ***138.75

DOCUMENT # L06000092951 1. Entity Name AMASON ENTERPRISES, LLC					
Principal Place of Business 6948 THICKET TRACE LAKE WORTH, FL 33467			Mailing Address 6948 THICKET TRACE LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # 1502 SE CROWBERRY DR Suite, Apt. #, etc.		3. Mailing Address 1502 SE CROWBERRY DR Suite, Apt. #, etc.			
City & State Port St Lucie FL		City & State Port St Lucie FL		4. FEI Number 20-5642569	
Zip 34983		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMASON, ERIN N 6948 THICKET TRACE LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Amason, Erin N Street Address (P.O. Box Number is Not Acceptable) 1502 SE CROWBERRY DR City Port St. Lucie FL Zip 34983	
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 <u><i>Erin Amason MPT/PACS</i></u> DATE <u><i>2/18/08</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMASON, ERIN N 6948 THICKET TRACE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Amason, Erin N 1502 SE CROWBERRY DRIVE Port St. Lucie FL 34983
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Erin Amason MPT/PACS</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u><i>2/18/08</i></u> Daytime Phone # <u><i>(521) 253-5104</i></u>	

60009512



02182008 Chg-LLC CR2E083 (12/06)