

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000108742

1. Entity Name
AMPROP HOLDINGS PORT ST. LUCIE, LLC



Principal Place of Business
12950 RACE TRACK ROAD
SUITE 201
TAMPA, FL 33626 US

Mailing Address
12950 RACE TRACK ROAD
SUITE 201
TAMPA, FL 33626 US

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



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5852819

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 RACE TRACK ROAD
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

U000000891637
04/23/08-R0133-007 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGR |
| NAME | SCHOESSLER, ERIC A |
| STREET ADDRESS | 12950 RACE TRACK ROAD, SUITE 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 | |

**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 #