

LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113757

1. Entity Name
AMERICAN ELECTRIC MOTION, LLC



Principal Place of Business
13000 LOIS AVE.
SEMINOLE, FL 33776

Mailing Address
13000 LOIS AVE.
SEMINOLE, FL 33776

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

07272007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTELLO, ANNE S
12832 LOIS AVE.
SEMINOLE, FL 33776

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of Anne S. Martello]

OCT 22, 2007

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

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FICHERA, ROBERT L
STREET ADDRESS 13000 LOIS AVE.
CITY-ST-ZIP SEMINOLE, FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700111399157
10/26/07--01051--033 ***150.00

TITLE MGRM
NAME GRIFFITH, GERALD P
STREET ADDRESS 12832 LOIS AVE.
CITY-ST-ZIP SEMINOLE, FL 33776 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERALD P. GRIFFITH

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

Date

Daytime Phone #

FILED

07 OCT 30 PM 12:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT
2007

727-564-7460

OCT 1, 2007