

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2012
Secretary of State

Entity Name: AMAR PLACE, LLC

Current Principal Place of Business:

7935 N. LAGOON DRIVE
5551 N LAGOON DR
PANAMA CITY, FL 32408

New Principal Place of Business:

7935 N. LAGOON DRIVE
PANAMA CITY, FL 32408

Current Mailing Address:

7935 N. LAGOON DRIVE
5551 N LAGOON DR
PANAMA CITY, FL 32408

New Mailing Address:

7935 N. LAGOON DRIVE
PANAMA CITY, FL 32408

FEI Number: 20-5949669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMBATHY, JULIE ANN
434 MAGNOLIA AVE. RT
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KOVALESKI, CHARLES R JOHN PA
Address: 3000 WEST 27TH COURT
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM
Name: PATRONIS, JOHN J SR.
Address: 7935 NORTH LAGOON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM
Name: PATRONIS, NICHOLAS J JOHN PA
Address: 8005 NORTH LAGOON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM
Name: PATRONIS, NICK J JOHN PA
Address: 830 FLORIDA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM
Name: KOVELESKI, BRIAN C JOHN PA
Address: 830 FLORIDA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGR
Name: PATRONIS, JOHN J JOHN PA
Address: 7935 N. LAGOON DRIVE
City-St-Zip: PANAMA CITY, FL 32408 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN PATRONIS

MG

01/04/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date