

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000066429

Entity Name: AMMM, LLC

FILED
Nov 11, 2009
Secretary of State

Current Principal Place of Business:

2661 S.E. HAMDEN ROAD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2661 S.E. HAMDEN ROAD
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 26-0420289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRICK, WILLIAM W JR.
1216 EAST ATLANTIC BOULEVARD
SUITE 7
POMPANO BEACH, FL 33060 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 () Delete
Name: MARIOTTI, MICHAEL JR.
Address: 2661 S.E. HAMDEN ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MARIOTTI, ASTRID
Address: 2661 S.E. HAMDEN ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR () Change (X) Addition
Name: TRICK, WILLIAM W JR
Address: 1216 EAST ATLANTIC BLVD., SUITE 7
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL MARIOTTI, JR.

MGRM

11/11/2009

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