

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000075007

1. Entity Name
AMELIA FINANCE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -8 AM 11:00

Principal Place of Business
**2384 SADLER ROAD
FERNANDINA BEACH, FL 32034**

Mailing Address
**2384 SADLER ROAD
FERNANDINA BEACH, FL 32034**

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

01242008 Chg-LLC CR2E083 (12/06)



4. FEI Number

26-0683733

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

**SHEFFIELD, GEORGE W SR.
28 S. 7TH STREET
FERNANDINA BEACH, FL 32034**

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, 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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SHEFFIELD, GEORGE W SR.**
STREET ADDRESS **28 S. 7TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Change ☐ Addition
NAME **800118354878**
STREET ADDRESS **02/19/08--01050--026 **727.50**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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 in 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #