

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088954

**FILED**  
**May 25, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATION MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

11820 TURKEY CREEK BOULEVARD  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

148 TURKEY CREEK  
ALACHUA, FL 32615

**New Mailing Address:**

FEI Number: 26-0809129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BEAVERS, SARAH L  
11820 TURKEY CREEK BOULEVARD  
ALACHUA, FL 32615      US

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: P  
Name: BEAVERS, SARAH L  
Address: 6306 NW 105TH AVE  
City-St-Zip: ALACHUA, FL 32615

Title: VP  
Name: BEAVERS, THAD W  
Address: 6306 NW 105TH AVENUE  
City-St-Zip: ALACHUA, FL 32615

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: SARAH L BEAVERS

P

05/25/2010

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