

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Aug 18, 2008 8:00 am
Secretary of State

04-21-2008 90310 010 ***143.75

DOCUMENT # L07000090902					
1. Entity Name AMRIS PARTNERS, LLC					
Principal Place of Business 12587 BRIARMEAD LANE JACKSONVILLE, FL 32258 US			Mailing Address 12587 BRIARMEAD LANE JACKSONVILLE, FL 32258 US		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROUCH, AMY 12587 BRIARMEAD LANE JACKSONVILLE, FL 32258			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 _____ (NOTE: Registered Agent signature required when reappointing) 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		TITLE	☐ Change ☐ Addition	
NAME	CROUCH, AMY		NAME		
STREET ADDRESS	12587 BRIARMEAD LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CROUCH, CHRIS		NAME		
STREET ADDRESS	12587 BRIARMEAD LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>Amy Crouch</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>4/18/08</u> Daytime Phone: <u>904-880-9033</u>		