


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3 **FILED**
Apr 15, 2008 8:00 am
Secretary of State

03-18-2008 90173 043 ***143.75

DOCUMENT # L07000098715 1. Entity Name AMC TRADING, LLC			
Principal Place of Business 72 SOUTH PALM AVE. SARASOTA, FL 34236		Mailing Address 72 SOUTH PALM AVE. SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 9910 S Tamiami Trail Suite, Apt. #, etc.	
City & State Zip		City & State Sarasota Zip 34231	
Country		Country	
4. FEI Number 26-1164458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOKR, LARUE 72 SOUTH PALM AVE. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>[Signature]</i></u> DATE 3/14/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
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 MANAGING MEMBER <input type="checkbox"/> Delete NAME ALI CHOKR STREET ADDRESS 4008 Rayside Dr. CITY- ST- ZIP Brenton FL- 34210	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE Member <input type="checkbox"/> Delete NAME Hassan Chokr STREET ADDRESS 211 Dade Ave. CITY- ST- ZIP Sarasota FL- 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/8/08 Daytime Phone 941-9214016	

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