

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003544

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** AMYL SUPPORT SERVICES, LLC.

**Current Principal Place of Business:**

23137 MCMULLEN AVE  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 512034  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

FEI Number: 26-1694039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAMY, LYNNE C  
23137 MCMULLEN AVE  
PORT CHARLOTTE, FL 33980 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  
Name: LAMY, LYNNE C  
Address: P.O. BOX 512034  
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: MGRM  
Name: LAMY, JEAN D  
Address: P.O. BOX 512034  
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: MGR  
Name: LOUIFILS, LISA D  
Address: 23137 MCMULLEN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

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: LYNNE C. LAMY

MGRM

01/04/2012

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