

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077756

**Entity Name:** AMS MOBILE CLOSINGS, LLC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

205 HIDDEN LAKE DRIVE  
ST. JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

205 HIDDEN LAKE DRIVE  
ST. JOHNS, FL 32259 US

**New Mailing Address:**

FEI Number: 26-3170789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STINESPRING, ANGELA  
205 HIDDEN LAKE DRIVE  
ST. JOHNS, FL 32259 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: STINESPRING, ANGELA  
Address: 205 HIDDEN LAKE DRIVE  
City-St-Zip: ST. JOHNS, FL 32259 US

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: ANGELA STINESPRING

MGRM

02/24/2010

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