

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085962

FILED
Aug 27, 2009
Secretary of State

Entity Name: AMEC CENTER, LLC

Current Principal Place of Business:

2420 JENKS AVE, SUITE 3
PANAMA CITY, FL 32405

New Principal Place of Business:

2420 JENKS AVE, SUITE 3
SUITE # 3
PANAMA CITY, FL 32405

Current Mailing Address:

1418 DUNNETT RD
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MOHAMED, AHMED ABOBAKER
1418 DUNNETT RD
LYNN HAVEN, FL 32444 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: MOHAMED, AHMED ABOBAKER
Address: 1418 DUNNETT RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ELMAHDY, RASHA AHMED
Address: 681 EAST DARTMOOR RD
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: MGR (X) Change () Addition
Name: ELMAHDY, RASHA AHMED
Address: 2623 EDGEFIELD LAKES DR
City-St-Zip: HOUSTON, TX 77054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AHMED ABOBAKR MOHAMED

MGR

08/27/2009

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