

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100547

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: A&M SI CONSTRUCTION COMPANY, LLC

**Current Principal Place of Business:**

1717 S RIO GRANDE AVE  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1717 S RIO GRANDE AVE  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 56-2401460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

RAHMANKHAH, AL  
1717 S RIO GRANDE AVE  
ORLANDO, FL 32805      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:**

Title: MGRM ( ) Delete  
Name: RAHMANKHAH, AL  
Address: 1717 S RIO GRANDE AVE  
City-St-Zip: ORLANDO, FL 32805

Title: MGRM ( ) Delete  
Name: RAHMANKHAH, MANOOCHHR  
Address: 1717 S RIO GRANDE AVE  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES:**

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

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

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: MANOOCHHR RAHMANKHAH

V.P

06/25/2009

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