

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118649

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** AMS ADVISORY SERVICES, LLC

**Current Principal Place of Business:**

3717 W. NORTH B. STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3717 W. NORTH B. STREET  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 27-1477462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREAGER, JILL N  
3717 W. NORTH B. STREET  
TAMPA, FL 33609 US

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

ASHLEY, SULLIVAN M  
3717 W. NORTH B. STREET  
TAMPA, FL 33609 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: ASHLEY M. SULLIVAN

05/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASHLEY, SULLIVAN M  
Address: 3717 W. NORTH B. STREET  
City-St-Zip: TAMPA, FL 33609 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: ASHLEY M. SULLIVAN

MGRM

05/02/2011

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