

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000112553

Entity Name: NEW AMERO, LLC

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

219 STATLER AVENUE  
ATTN: NEW AMERO BOARD MEMBERS  
PORT ST. LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 STATLER AVENUE  
ATTN: NEW AMERO BOARD MEMBERS  
PORT ST. LUCIE, FL 34984 US

**New Mailing Address:**

FEI Number: 49-7666139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIXON, OWEN F CEO  
219 STATLER AVENUE  
ATTN: NEW AMERO BOARD MEMBERS  
PORT ST. LUCIE, FL 34984 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: OWEN DIXON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DIXON, OWEN F CEO  
Address: 219 STATLER AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: MGRM  
Name: HENRY, GARFIELD COO  
Address: 1045 HIDDEN POND LANE  
City-St-Zip: ROSWELL, GA 30045 US

Title: MGR  
Name: JONES, SONYA D CPO/EVP  
Address: 4395 STONEBRIDGE COURT  
City-St-Zip: BERKELEY LAKES, GA 30096 US

Title: MGR  
Name: JONES, ROBERT H CFO/CPA  
Address: 6724 RIVERTOWN ROAD  
City-St-Zip: FAIRBURN, GA 30312 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: OWEN DIXON

MGRM

10/18/2011

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