

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125864

Entity Name: AMEDA ENTERPRISES LLC

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4447 ST CLAIR AVE W  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

4447 ST CLAIR AVE W  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MARSHALL, WILLIAM N  
4447 ST CLAIR AVE W  
NORTH FORT MYERS, FL 33903 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: MARSHALL, WILLIAM N  
Address: 4447 ST CLAIR AVE W  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGRM  
Name: HEALY, LINDA M  
Address: 13612 VIRGINIA ST  
City-St-Zip: OCEAN SPRINGS, MS 39565 US

Title: MGRM  
Name: GILLESPIE, CONNIE M  
Address: 28521 2ND ST  
City-St-Zip: DAPHNE, AL 36526 US

Title: MGRM  
Name: MARSHALL, DAVID C  
Address: 726 FROMAN GREENWELL LN  
City-St-Zip: BARDSTOWN, KY 40004 US

Title: MGRM  
Name: CONNOR, PARTICIA M  
Address: 116 S.W. 28TH. STREET  
City-St-Zip: CAPE CORAL, FL 33914 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: WILLIAM N. MARSHALL

MGRM

04/22/2012

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