

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90332 044 ****50.00

DOCUMENT # **M02000002705**

1. Entity Name

A.M.F. CAPITAL, LLC



DO NOT WRITE IN THIS SPACE

24040507

2. Principal Place of Business

99 WOODBURY ROAD

Suite, Apt. #, etc.

3. Mailing Address

99 WOODBURY ROAD

Suite, Apt. #, etc.

City & State

HICKSVILLE, NY

Zip

11801

Country

USA

City & State

HICKSVILLE, NY

Zip

11801

Country

USA

4. FEI Number

81-0559929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JOHN MARIN

Street Address (P.O. Box Number is Not Acceptable)

90 ISLAND ESTATES PARKWAY

City

PALM COAST

FL

Zip Code

32135

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPPOLIS, ALLAN A. 6 GREENBRIAR LANE DIX HILLS, NY 11746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANZARO, THOMAS G. 17 GARRINGTON PLACE MELVILLE, NY 11747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, STANLEY 2 RAWLINGS DRIVE MELVILLE, NY 11747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, JOHN 1 WRIGHT DRIVE DIX HILLS, NY 11746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEIN, HOWARD J 10 WINDERMERE WAY WOODBURY, NY 11796	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZUS, SAMUEL J 2767 MAE COURT BELLMORE, NY 11710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/04

516 935-6700

CR2E083B (12/02)