

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90160 050 ****50.00

DOCUMENT # M02000002705

1. Entity Name

A.M.F. CAPITAL, LLC



Principal Place of Business

99 WOODBURY ROAD
HICKSVILLE NY 11801

Mailing Address

99 WOODBURY ROAD
HICKSVILLE NY 11801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0559929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, JOHN
90 ISLAND ESTATES PARKWAY
PALM COAST FL 32135

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME LIPPOLIS, ALLAN A
STREET ADDRESS 6 GREENBRIAR LANE
CITY-ST-ZIP DIX HILLS NY 11746

TITLE MGRM ☐ Delete
NAME LANZARO, THOMAS G
STREET ADDRESS 17 BARRINGTON PLACE
CITY-ST-ZIP MELVILLE NY 11747

TITLE MGRM ☐ Delete
NAME SHAPIRO, STANLEY
STREET ADDRESS 2 RAWLINGS DRIVE
CITY-ST-ZIP MELVILLE NY 11747

TITLE MGRM ☐ Delete
NAME MARIN, JOHN
STREET ADDRESS 1 WRIGHT DRIVE
CITY-ST-ZIP DIX HILLS NY 11746

TITLE MGRM ☐ Delete
NAME FEIN, HOWARD J
STREET ADDRESS 10 WINDERMERE WAY
CITY-ST-ZIP WOODBURY NY 11796

TITLE MGRM ☐ Delete
NAME AZUS, SAMUEL J
STREET ADDRESS 2767 MAE COURT
CITY-ST-ZIP BELLMORE NY 11710

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 124 Island Estates Parkway
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 #