

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011423

**Entity Name:** AMKE REGISTERED AGENTS, L.L.C.

**Current Principal Place of Business:**

ONE S.E. THIRD AVE, STE 2250  
MIAMI, FL 33131

**Current Mailing Address:**

ONE S.E. THIRD AVE, STE 2250  
MIAMI, FL 33131

**FEI Number: 86-1124939**

**Certificate of Status Desired: No**

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

ABALLI MILNE KALIL, P.A.  
2250 SUNTRUST INTERNATIONAL CTR  
ONE S.E. THIRD AVE  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ABALLI, ARTURO J  
Address ONE SE THIRD AVE., SUITE 2250  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MILNE, HENDRIK G  
Address ONE SE THIRD AVE., SUITE 2250  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name KALIL, CRAIG P  
Address ONE SE THIRD AVE., SUITE 2250  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name POYER, JOSHUA D.  
Address ONE S.E. THIRD AVE, STE 2250  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name TISCHLER, RENEE R.  
Address ONE S.E. THIRD AVE, STE 2250  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ARTURO J. ABALLI**

**MGR**

**04/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date