

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129910

**Entity Name:** AMBAR LN SVCS LLC

**Current Principal Place of Business:**

15 NW 7 AVE  
FORTLAUDERDALE, FL 33311

**Current Mailing Address:**

15 NW 7 AVE  
FORTLAUDERDALE, FL 33311 US

**FEI Number:** 45-3978837

**Certificate of Status Desired:** No

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

SEMISKY, MATIAS  
15 NW 7 AVE  
FORTLAUDERDALE, FL 33311 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:** MATIAS SEMISKY

03/04/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SEMISKY, SEMISKY  
Address 15 NW 7 AVE  
City-State-Zip: FORTLAUDERDALE FL 33311

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATIAS SEMISKY

MANAGER

03/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date