

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000002939

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC9861424022**

**Entity Name:** AMELIAHRSOLUTIONS LLC

**Current Principal Place of Business:**

1896 S 14TH STREET  
SUITE 5  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1896 S 14TH STREET  
SUITE 5  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 46-1714497

**Certificate of Status Desired:** No

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

WILSON, EDWARD E  
1896 S 14TH STREET  
SUITE 5  
FERNANDINA BEACH, FL 32034 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 MGRM  
Name WILSON, EDWARD E  
Address 96543 ONEIL/SCOTT RD  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGR  
Name WILSON, TERESA W  
Address 96543 ONEIL/SCOTT RD  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGR  
Name HENDERSON, DAVID J  
Address 95038 PASO ROBLES CT  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGR  
Name DURHAM, ASHLEY M  
Address 96543 ONEIL/SCOTT RD  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGR  
Name WILSON, ELISABETH A  
Address 417 3RD AVENUE N  
City-State-Zip: JACKSONVILLE FL 32250

*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:** EDWARD E. WILSON

**MGRM**

**04/27/2016**

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

\_\_\_\_\_  
Date