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: JORGE BARRETO

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

11/30/2015 Date

Address:			
Г			

8140 NW 155 ST STE 202 MIAMI LAKES, FL 33016 US

## **FEI Number: APPLIED FOR**

## Name and Address of Current Registered Agent:

BARRETO, JORGE 8140 NW 155 ST STE 202 MIAMI LAKES, FL 33016 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	E: JORGE BARRETO				
	Electronic Signature of Registered Agent	Date			
Authorized Person(s) Detail :					
Title	MGR	Title	MANAGER		
Name	BARRETO, JORGE	Name	GUEVARA, VERONICA MARIA		
Address	8140 NW 155 ST STE 202	Address	8140 NW 155 ST STE 202		
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016		

Entity Name: ASSOCIATED MANAGEMENT SOLUTIONS, LLC

# **Current Principal Place of Business:**

8140 NW 155 ST STE 202 MIAMI LAKES, FL 33016

**Current Mailing** 

## 2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L14000120493

Certificate of Status Desired: No

FILED Nov 30, 2015 Secretary of State CC2751653366