

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000137514

Entity Name: AMCDGP LLC

Current Principal Place of Business:

5463 BROWN ST
GRACEVILLE, FL 32440

Current Mailing Address:

5463 BROWN ST
GRACEVILLE, FL 32440

FEI Number: 47-1736108

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, CHIRAG
5463 BROWN ST
GRACEVILLE, FL 32440 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 PATEL, CHIRAG
Address 5463 BROWN ST
City-State-Zip: GRACEVILLE FL 32440

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: CHIRAG PATEL

OFFICER

04/10/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date