

**2015 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

MGRM

02/22/2015

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

\_\_\_\_\_ Date