

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000184623

**Entity Name:** AMD OF LONGWOOD LLC

**Current Principal Place of Business:**

149 PINEDA STREET  
LONGWOOD, FL 32750

**Current Mailing Address:**

149 PINEDA STREET  
LONGWOOD, FL 32750

**FEI Number:** 47-2446949

**Certificate of Status Desired:** No

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

MARTIN, MIRTHA V CPA  
420 S COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 US

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC9852989257**

*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 GODINHO, ANTHONY  
Address 149 PINEDA STREET  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name GODINHO, TARA  
Address 149 PINEDA STREET  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name SERRAO, MICHAEL  
Address 149 PINEDA STREET  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name SERRAO, CELIA  
Address 149 PINEDA STREET  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name SANTOS, DOMINGOS  
Address 149 PINEDA STREET  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name SANTOS, LISA  
Address 149 PINEDA STREET  
City-State-Zip: LONGWOOD FL 32750

*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:** LISA SANTOS

**SEC/TREAS**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date