

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000203370

**Entity Name:** AMELIA GLASS LLC

**Current Principal Place of Business:**

5174 1ST COAST HIGHWAY  
SUITE 4  
FERNANDINA BEACH, FL 32034

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC1676697857**

**Current Mailing Address:**

910 SOUTH 8TH ST  
UNIT 100D  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

THE THOMAS GROUP OF NORTH FLORIDA INC  
910 SOUTH 8TH ST  
UNIT 100D  
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            MGR  
Name            THE THOMAS GROUP OF NORTH  
                  FLORIDA INC  
Address        910 SOUTH 8TH ST UNIT 100D  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            MGR  
Name            THOMAS, MATTHEW D  
Address        12986 HARBORTON DR  
City-State-Zip: JACKSONVILLE FL 32034

*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:** MATTHEW THOMAS

**MGR**

**04/30/2016**

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

\_\_\_\_\_  
Date