

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000093624

Entity Name: AMSLTNBM LLC

Current Principal Place of Business:

5369 BENTPINE COVE RD
JACKSONVILLE, FL 32224

Current Mailing Address:

5369 BENTPINE COVE RD
JACKSONVILLE, FL 32224 US

FEI Number: 81-2635098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OUREDNIK LAW OFFICES, P.A.
4600 TOUCHTON ROAD E. STE. 1150
JACKSONVILLE, FL 32246 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 MERCHEA, AMIT
Address 5369 BENTPINE COVE RD
City-State-Zip: JACKSONVILLE FL 32224

Title MGR
Name TANOUYE, STACI L
Address 5369 BENTPINE COVE RD
City-State-Zip: JACKSONVILLE FL 32224

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: AMIT MERCHEA

MGR

04/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date