

**2018 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

02/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date