| ARMELLINI, DAVID<br>3446 SW ARMELLINI AVENUE<br>PALM CITY, FL 34990 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 |                 |  |  |  |  |
| SIGNATURE:  | DAVID ARMELLINI |  |  |  |  |
| Electronic Signature of Registered Agent  |                 |  |  |  |  |

### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000072772

Entity Name: AMC PARTNERSHIP, LLC

## **Current Principal Place of Business:**

3446 S.W. ARMELLINI AVE. PALM CITY, FL 34991

#### **Current Mailing Address:**

3446 S.W. ARMELLINI AVE. PALM CITY, FL 34991 US

# FEI Number: 65-0092662

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

|  | Electronic Signature of Registered Agent |                          |                 | Date                     |  |  |
|--|--|--------------------------|-----------------|--------------------------|--|--|
|  | Authorized Person(s) Detail :            |                          |                 |                          |  |  |
|  | Title                                    | MGR                      | Title           | MGR                      |  |  |
|  | Name                                     | DUSHARM, JUDITH          | Name            | ARMELLINI, DAVID         |  |  |
|  | Address                                  | 3446 S.W. ARMELLINI AVE. | Address         | 3446 S.W. ARMELLINI AVE. |  |  |
|  | City-State-Zip:                          | PALM CITY FL 34991       | City-State-Zip: | PALM CITY FL 34991       |  |  |

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: DAVID ARMELLINI

MANAGER

01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 10, 2024 Secretary of State 8669764544CC

01/10/2024

Certificate of Status Desired: Yes