

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000123424

**Entity Name:** AMCAAAP LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

17505 W ALAN BLACK BLVD  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17505 W ALAN BLACK BLVD  
LOXAHATCHEE, FL 33470

**FEI Number:** 85-0993163

**Certificate of Status Desired:** No

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

PIERRE, ANGELOTY  
17505 W ALAN BLACK BLVD  
LOXAHATCHEE, FL 33470 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	Title	MGR
Name	PIERRE, ANGELOTY	Name	PIERRE, MELISSA
Address	17505 W ALAN BLACK BLVD	Address	17505 W ALAN BLACK BLVD
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

*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:** ANGELOTY PIERRE

**OWNER MANAGING  
MEMBER**

**05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date