

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000150660

**Entity Name:** AMI 96 LLC

**Current Principal Place of Business:**

1602 WEST THARPE ST  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1602 WEST THARPE ST  
TALLAHASSEE, FL 32303

**FEI Number:** 88-1512942

**Certificate of Status Desired:** Yes

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

HAMID, ALI  
700 WEST 23RD ST SUITE 30D  
PANAMA CITY, FL 32405 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            CEO  
Name            HAMID, ALI  
Address        700 WEST 23RD ST SUITE 30D  
City-State-Zip: PANAMA CITY FL 32405

*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:** ALI HAMID

CEO

05/22/2023

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

\_\_\_\_\_ Date