

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000006703

Entity Name: AMG II, LLC

Current Principal Place of Business:

3550 N CENTRAL AVE STE 400
PHOENIX, AZ 85012

Current Mailing Address:

P.O. BOX 10
SCOTTSDALE, AZ 85252

FEI Number: 86-0594015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 MANAGER, PRESIDENT
Name SHAW, GARY L
Address 3550 N CENTRAL AVE STE 400
City-State-Zip: PHOENIX AZ 85012

Title MANAGER, TREASURER
Name NEIFFER, GARRETT G.
Address P.O. BOX 10
City-State-Zip: SCOTTSDALE AZ 85252

Title MANAGER
Name BOROK, GIL
Address 6324 CANOGA AVE STE 100
City-State-Zip: WOODLAND HILLS CA 91367

Title MANAGER, SECRETARY
Name HAWKINS, MATTHEW
Address 1140 BAY STREET, STE 4000
City-State-Zip: TORONTO ON M5S 2Z4

Title MANAGER
Name WHITT, KAREN
Address 1110 N GLEBE RD STE 6110
City-State-Zip: ARLINGTON VA 22201

Title OFFICER
Name MARK, CAMERON
Address 3550 N CENTRAL AVE STE 400
City-State-Zip: PHOENIX AZ 85012

Title ASST. SECRETARY
Name SCHWAB, GEORGE L. IV
Address 1114 SIXTH AVENUE, 12TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title OFFICER
Name BREWER, ELLIOT
Address 3550 N CENTRAL AVE STE 400
City-State-Zip: PHOENIX AZ 85012

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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: MATTHEW HAWKINS

MANAGER

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP

Name FORD, JOSEPH

Address 3550 N CENTRAL AVE STE 400

City-State-Zip: PHOENIX AZ 85012