

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118438

FILED
Apr 22, 2009
Secretary of State

Entity Name: ATLAS CONSTRUCTION AND MANAGEMENT, LLC

Current Principal Place of Business:

5405 NW 102ND AVENUE
202
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5405 NW 102ND AVENUE
202
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-8030274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALTMAN, RACHAEL M
Address: 3662 WOODS WALK BLVD.
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM () Delete
Name: BEN SAADON, ILANIT
Address: 5405 NW 102ND AVENUE #202
City-St-Zip: SUNRISE, FL 33351 US

Title: VP () Delete
Name: ALTMAN, HAGAI
Address: 3662 WOODS WALK BLVD.
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete
Name: BENSADON, TZFANIA
Address: 11810 NW 33RD STREET
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BENSADON, TZFANIA
Address: 5405 NW 102ND AVENUE #202
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ZVI RAFILOVICH, CPA

POA

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date