## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L10000002063

Entity Name: ATLANTIC 1905, LLC

FILED Mar 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

21050 POINT PL APT 1905

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

21050 POINT PL APT 1905 AVENTURA, FL 33180

FEI Number: 47-1769931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOLDSZMIDT, EMANUEL

2490 NE MIAMI GARDES DRIVE

AVENTURA, FL 33180 US

SAKA, JOSEPH L

200 S BISCAYNE BLVD

FL 6

MIAMI, FL 33131 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: JOSEPH L. SAKA 03/17/2011

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR

Name: ROIZENTAL, GUILLERMO Address: 21050 POINT PL APT 1905 City-St-Zip: AVENTURA, FL 33180

Title: MGR

 Name:
 ROIZENTAL, ESTER

 Address:
 21050 POINT PL APT 1905

 City-St-Zip:
 AVENTURA, FL 33180

Title: MGR

Name: ROIZENTAL, BERNARDO
Address: 21050 POINT PL APT 1905
City-St-Zip: AVENTURA, FL 33180

Title: MGR

 Name:
 ROIZENTAL, MOISES

 Address:
 21050 POINT PL APT 1905

 City-St-Zip:
 AVENTURA, FL 33180

Title: MGR

Name: ROIZENTAL, RICARDO
Address: 21050 POINT PL APT 1905
City-St-Zip: AVENTURA, FL 33180

Title: MGR

 Name:
 ROIZENTAL, ROBERTO

 Address:
 21050 POINT PL APT 1905

 City-St-Zip:
 AVENTURA, FL 33180

I hereby 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 Statues.

SIGNATURE: BERNARDO ROIZENTAL MGR 03/17/2011

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