2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State
02-02-2007 90032 012 ****50.00

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1. Entity Name
ATLAS HOLDINGS, LLC

Principal Place of Business	Mailing Address
8660 W FLAGLER ST SUITE 200 MIAMI, FL 33144	8660 W FLAGLER ST SUITE 200 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
35-2168272
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO J. PADILLA, P.A.
1001 BRICKELL BAY DR., SUITE 1704
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEITMAN, LORN
STREET ADDRESS	8660 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGRM
NAME	BARNI, GUSTAVO
STREET ADDRESS	8660 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: (Lorn Leitman) 1/27/07 305-227-5176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #