

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-03-2008 90406 019 ***138.75

DOCUMENT # L07000117110 1. Entity Name AT ENTERPRISE GROUP, LLC					
Principal Place of Business 5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309			Mailing Address 5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DE O. LIMA, PAULO 5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name LIMA, PAULO O. (MR.) Street Address (P.O. Box Number is Not Acceptable) 5290 NW 20TH TERRACE, HANGAR 57-101 City FORT LAUDERDALE FL Zip Code 33309		
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE O. LIMA, PAULO 5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. LIMA, PAULO O. 5290 NW 20TH TERRACE, HANGAR 57-101 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 02/27/08 Daytime Phone #		

30002842



02262008 Chg-LLC CR2E083 (12/08)

4. FEI Number **14-2012060** ☒ Applied For ☐ Not Applicable

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