

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094295

Entity Name: ATM ASSOCIATES, LLC

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

6014 SCOTS PINE COURT
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

6014 SCOTS PINE COURT
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 20-5665704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOONEY, STEPHEN R
800 N. MAGNOLIA
STE 1500
ORLANDO, FL 32804 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: LUEBBERT, RICKY M CEO
Address: 6014 SCOTS PINE COURT
City-St-Zip: ORLANDO, FL 32819 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: SCHNEIDER, BRADLEY B PRES
Address: 27 NW IVANHOLE BLVD.
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Change (X) Addition
Name: SCHNEIDER, SCOTT A COO
Address: 27 NW IVANHOLE BLVD.
City-St-Zip: ORLANDO, FL 32804

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: RICKY M LUEBBERT

CEO

02/27/2009

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