

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000003494

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC1367735089**

**Entity Name:** ATLANTIC CAPITAL-STUART MARKETPLACE LLC

**Current Principal Place of Business:**

ONE NORTH CLEMATIS STREET, SUITE 200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

ONE NORTH CLEMATIS STREET, SUITE 200  
WEST PALM BEACH, FL 33401

**FEI Number:** 16-1735187

**Certificate of Status Desired:** No

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

TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS STREET, SUITE 200  
WEST PALM BEACH, FL 33401 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title P  
Name FANJUL, JOSE FJR  
Address ONE NORTH CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VT  
Name BLOMQVIST, ERIK J  
Address ONE NORTH CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VS  
Name TABERNILLA, ARMANDO A  
Address ONE NORTH CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name HERNANDEZ, OSCAR R  
Address ONE NORTH CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title VAT  
Name ZUKOWSKI, PHILIP M  
Address ONE NORTH CLEMATIS ST. SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO A. TABERNILLA

VS

04/03/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date