

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011881

**Entity Name:** ATLAS EFFECT, LLC

**Current Principal Place of Business:**

9280 BAY PLAZA BLVD.  
SUITE 725  
TAMPA, FL 33619

**Current Mailing Address:**

9280 BAY PLAZA BLVD.  
SUITE 725  
TAMPA, FL 33619 US

**FEI Number:** 27-4713961

**Certificate of Status Desired:** No

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

SCHAR, NICHOLAS  
1820 COYOTE PLACE  
BRANDON, FL 33511 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           | MGRM              | Title           | MGRM              |
| Name            | SCHAR, NICHOLAS   | Name            | SCHAR, MELINDA    |
| Address         | 1820 COYOTE PLACE | Address         | 1820 COYOTE PLACE |
| City-State-Zip: | BRANDON FL 33511  | City-State-Zip: | BRANDON FL 33511  |

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS H. SCHAR

**MANAGER MEMBER**

**02/01/2018**

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

\_\_\_\_\_  
Date