

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000113580

**Entity Name:** ATRIUM OPERATORS, LLC

**Current Principal Place of Business:**

ATTENTION: LARA L DECARO  
199 FREMONT ST, 21ST FLOOR  
SAN FRANCISCO, CA 94105

**Current Mailing Address:**

ATTENTION: LARA L DECARO  
199 FREMONT ST, 21ST FLOOR  
SAN FRANCISCO, CA 94105 US

**FEI Number:** 47-1571668

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            AMBR  
Name            FONTAN, ETIENNE  
Address        1700 SHATTUCK AVE - # 206  
City-State-Zip: BERKELEY CA 94709

Title            AMBR  
Name            SCHICK, TIMOTHY D  
Address        945 TARAVAL ST - # 304  
City-State-Zip: SAN FRANCISCO CA 94116

Title            GENERAL COUNSEL  
Name            DECARO, LARA L ESQ.  
Address        ATTENTION: LARA L DECARO  
                  199 FREMONT ST, 21ST FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

*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:** LARA L DECARO

GENERAL COUNSEL

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date