## 2007 LIMITED LIABILITY COMPANY

## Apr 09, 2007 8:00 am Secretary of State ANNUAL REPORT 04-09-2007 90347 026 \*\*\*\*50.00 DOCUMENT # L00000005318 MERSINA, L.L.C. 60033975 Principal Place of Business Mailing Address C/O ATLANTIA HOLDINGS C/O ATLANTIA HOLDINGS 645 E. DANIA BCH. BLVD. 645 E. DANIA BCH. BLVD. DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chq-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 65-1018826 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACKBURN, ACE J JR Blackburn, Ace J. Jr. COONEY MATTSON LANCE BLACKBURN RICHARDS 2312 WILTON DR 645 E. Dania Beach Boulevard FORT LAUDERDALE, FL 33305 Dania Beach, FL 33004 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition BLACKBURN, A. JR NAME NAME STREET ADDRESS 645 E DANIA BCH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Defete TITLE □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 the execute this report as required by Chapter 608, Florida Statutes.

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**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: