


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90077 028 ***138.75

DOCUMENT # L00000005318 1. Entity Name MERSINA, L.L.C.			
Principal Place of Business C/O ATLANTIA HOLDINGS 645 E. DANIA BCH. BLVD. DANIA BEACH, FL 33004		Mailing Address C/O ATLANTIA HOLDINGS 645 E. DANIA BCH. BLVD. DANIA BEACH, FL 33004	
2. Principal Place of Business - No P.O. Box # 645 E. Dania Beach Blvd. Dania Beach, FL 33004		3. Mailing Address 645 E. Dania Beach Blvd. Dania Beach, FL 33004	
4. FEI Number 65-1018826		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, ACE J JR 645 EAST DANIE BEACH BLVD DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Chris A. Economou 645 E. Dania Beach Blvd. 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 _____ <small>Signature of the owner and name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/14/08	
FILE NOW!!! FEES \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKBURN, A. JR 645 E DANIA BCH BLVD DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Chris A. Economou 645 E. Dania Beach Blvd. Dania Beach, FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/14/08 Daytime Phone # _____	