


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005977

1. Entity Name
ATALLA'S QUICK STOP, L.L.C.



Principal Place of Business 1020 SOUTH W.C. OWENS AVE. CLEWISTON, FL 33440	Mailing Address 1020 SOUTH W.C. OWENS AVE. CLEWISTON, FL 33440
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DO NOT WRITE IN THIS SPACE



04062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1024753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEFFERMAN, RICHARD L
 2911 E MAIN ST
 PAHOKEE, FL 33476**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ATALLA, MAISAR O 212 L LOPEZ STREET CLEWISTON, FL 33440
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 04/19/05-80077-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____