2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000005977

ATALLA'S QUICK STOP, L.L.C.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1020 SOUTH W.C. OWENS AVE. CLEWISTON, FL 33440

1020 SOUTH W.C. OWENS AVE. CLEWISTON, FL 33440



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			
	65-1024753		

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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ing obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE		
FILE After May	: NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	800) 04/16/	000882572 08-80046-021 138.75		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ATALLA, MAISAR O 212 L LOPEZ STREET CLEWISTON, FL 33440				
TITLE , NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 a decept

11. I nereby 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

STREET ADDRESS

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