

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009817

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** ATELIER 359, L.L.C.

**Current Principal Place of Business:**

359 LAKEWOOD DRIVE  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

180 E. MITCHELL AV  
SEAGROVE BEACH, FL 32459

**Current Mailing Address:**

180 EAST MITCHELL AVENUE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

180 E. MITCHELL AV  
SEAGROVE BEACH, FL 32459

**FEI Number:** 59-3667973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
SANTA ROSA BEACH, FL 32459 US

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

MCCORMICK, LESLIE G  
180 E MITCHELL AV  
SANTA ROSA BEACH, FL 32459 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: LESLIE G MCCORMICK

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MCCORMICK, LESLIE G  
Address: 359 LAKEWOOD DRIVE  
City-St-Zip: SEAGROVE BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LESLIE G MCCORMICK

P

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date