

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009817

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

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

180 E. MITCHELL AV  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

11 CENTRAL AV WEST  
ASHEVILLE, NC 28806

**Current Mailing Address:**

180 E. MITCHELL AV  
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

11 CENTRAL AV WEST  
ASHEVILLE, NC 28806

FEI Number: 59-3667973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MCCORMICK, LESLIE G  
359 LAKEWOOD DRIVE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/04/2010

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

01/04/2010

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