

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000540

DOCUMENT # L00000014349

1. Entity Name
ATLANTIC MARINE SURVEYING, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 3:45

LR 10/07

Principal Place of Business
**211 N. MAGNOLIA AVENUE
ORLANDO FL 32801**

Mailing Address
**211 N. MAGNOLIA AVENUE
ORLANDO FL 32801**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**2355 Huguenard Dr.
Suite 102**

City & State
Lexington Ky

Zip
40503

Country
Fayette

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1305954**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**YERGEY, DAVID A
211 N. MAGNOLIA AVENUE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYS, KEITH 2355 HUGUENARD DR., STE 102 LEXINGTON KY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900023398869 09/29/03--01048--002 **55.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **DATE** _____

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

Date Daytime Phone #

CR2E083 (4/03)