

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00
Secretary of State

DOCUMENT # L00000014368 1. Entity Name ATLANTIS LLC	
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Principal Place of Business 862 SUNFLOWER CIRCLE WESTON, FL 33327	Mailing Address 862 SUNFLOWER CIRCLE WESTON, FL 33327
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02142007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1056058	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAL, EDUARDO D 862 SUNFLOWER CIRC WESTON, FL 33327
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03/28/07-80070-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby 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 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

02/20/2007 786 262 9966
Date Daytime Phone #

Saal, Eduardo D.