FILED
Feb 18, 2003 8:00 am
Secretary of State
01-29-2003 90043 045 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/2!

DOCUMENT # L01000007762

1. Entity Name
ATLANTIC HOME SALES, LLC

Principal Place of Business	Mailing Address
1635 S. RIDGEWOOD AVE., SUITE 101 SOUTH DAYTONA FL 32119	1635 S. RIDGEWOOD AVE., SUITE 101 SOUTH DAYTONA FL 32119

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2300 S NOVA RD #50	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH DAYTONA FL	City & State
Zip: 32119 Country: USA	Zip Country

4. FEI Number 59-3723406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASE, THOMAS D , SR.
1635 S. RIDGEWOOD AVE., SUITE 101
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name KERRY L HYLLEBERG
Street Address (P.O. Box Number is Not Acceptable) 2300 S. NOVA RD #50
City SOUTH DAYTONA FL Zip Code 32119

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 KERRY L. HYLLEBERG Kerry L Hylleberg 2/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASE, THOMAS D SR 1635 S RIDGEWOOD AVE SUITE 101 SOUTH DAYTONA FL 32119	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KERRY L HYLLEBERG 2300 S. NOVA RD #50 SOUTH DAYTONA, FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: KERRY L HYLLEBERG Kerry L Hylleberg 1/22/03 386-767-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #