

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90966 020 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000021924

1. Entity Name

ATM PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1303 CARLSON DR.

Suite, Apt. #, etc.

3. Mailing Address

1303 CARLSON DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3760964

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rush, Marshall, Jones & Kelly, PA.

Street Address (P.O. Box Number is Not Acceptable)

109 E. CHURCH ST.

Suite 500

City

ORLANDO

FL

Zip Code

32801

**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.

SIGNATURE

Givens E. Goodspeed, Atty.

3/27/2

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MANAGING MEMBER

MARY L. DEMETREE

3348 Edgewater Dr.

ORLANDO, FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MANAGING MEMBER

NEIL W. DEMETREE

1303 CARLSON DR.

ORLANDO, FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MANAGING MEMBER

Ricky M. Luebbert

2626 CARLSON DR.

ORLANDO, FL 32803

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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:

Ricky M. Luebbert

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

3/27/2

Date

407 234 3041

Daytime Phone #

CR2E083B (12/01)

PLEASE NOTE THE ^{Attachment} 930 666
change of address #LO1000021924
re: Rick Loebbert
per CORP. DOC'S
