

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

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90019 045 ****50.00

DOCUMENT # **LD1000021924**

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

550 S. Conway Rd

Suite, Apt. #, etc.

APT. B

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

U.S.A.

Zip

32807

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name

RUSH, MARSHALL, JONES AND KELLY, P.A.

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

109 E. CHURCH ST

Ste. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GIVENS E. GOODSPEED

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

5/16/3
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

RICKY M. LUEBBERT

550 B S. CONWAY RD.

ORLANDO, FL 32807

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

NEIL W. DEMETREE

1303 CARLSON DR.

ORLANDO, FL 32804

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

RICKY M LUEBBERT

5/16/3

407-895-8600

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

Date

Daytime Phone #

CR2E083B (12/02)