

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90009 035 \*\*\*\*50.00

**DOCUMENT # L02000000053**

1. Entity Name  
**ATINA BUSINESS VALUATIONS, LLC**



Principal Place of Business

~~9384 N 56TH STREET~~  
~~STE 3~~  
TAMPA, FL 33617

Mailing Address

9384 N 56TH STREET  
STE 3  
TAMPA, FL 33617

**20045266**



2. Principal Place of Business

**7402 N 56TH ST.**  
Suite, Apt. #, etc.  
**SUITE 880**

3. Mailing Address

**7402 N 56TH ST.**  
Suite, Apt. #, etc.  
**SUITE 880**

01102006 Chg-LLC CR2E083 (11/05)

City & State

**TAMPA FL**  
Zip **33617-4414** Country **USA**

City & State

**TAMPA FL**  
Zip **33617-4414** Country **USA**

4. FEI Number

**30-0016589**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SEKAJIPO, LAWRENCE D CPA**  
**9384 N. 56TH STREET, SUITE 3**  
**TAMPA, FL 33617**

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

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, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS ~~9384 N 56TH ST STE 3~~ **7402 N 56TH ST.**  
CITY-ST-ZIP ~~TAMPA, FL 336175528~~ **SUITE 880**  
**TAMPA FL 33617**

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **SEKAJIPO, KARLU K**  
CITY-ST-ZIP **526 TUSCANY PARK LOOP**  
**BRANDON, FL 33511**

TITLE ☒ Delete  
NAME ~~SEKAJIPO, TANNEH L~~ **SEKAJIPO, TANNEH L**  
STREET ADDRESS ~~9384 N 56TH ST STE 3~~  
CITY-ST-ZIP **TAMPA, FL 336175528**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **MGR**  
STREET ADDRESS **SEKAJIPO, TANNEH L**  
CITY-ST-ZIP **526 TUSCANY PARK LOOP**  
**BRANDON FL 33511**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1/10/2006* *83989310*