2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address

SUITE 880

7402 NORTH 56TH STREET

TAMPA, FL 33617-4414 US

DOCUMENT # L02000000053

ATINA BUSINESS VALUATIONS, LLC

Principal Place of Business

SUITE 880

7402 NORTH 56TH STREET

TAMPA, FL 33617-4414 US

FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90343 018 ****50.00

						04302007
		4. FEI Numbe	r			Applied For
	30-0016589				Not Applica	
	5. Certificate		\$5.00 Additional Fee Required			
	7 Name and	Address of New R	enistered	Agent		

2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name SEKAJIPO, LAWRENCE D CPA Street Address (P.O. Box Number is Not Acceptable) 9384 N. 56TH STREET, SUITE 3 TAMPA, FL 33617 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 Make check payable to, ... Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Delete TITLE TITLE ☐ Change ☐ Addition SEKAJIPO, LAWRENCE D CPA NAME NAME 7402 NORTH 56TH STREET SUITE 880 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TAMPA, FL 33617 MGR TITLE ☐ Delete TITLE □ Change ■ Addition SEKAJIPO, KARLU K NAME NAME 526 TUSCANY PARK LOOP STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE TITLE Change ☐ Addition SEKAJIPO, TANNEH L NAME NAME STREET ADDRESS TUSCANNY PARK LOOP STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Augition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 not be same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AGER, OR AUTHORIZED REPRESENTATIVE