

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90022 006 \*\*\*143.75

**DOCUMENT # L02000000053**

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



Principal Place of Business  
**7402 NORTH 56TH STREET  
SUITE 880  
TAMPA, FL 33617-4414 US**

Mailing Address  
**7402 NORTH 56TH STREET  
SUITE 880  
TAMPA, FL 33617-4414 US**

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-LLC

CR2E083 (12/07)

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

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SEKAJPO, LAWRENCE D CPA  
7402 NORTH 56TH STREET SUITE 880  
TAMPA, FL 33617**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SEKAJPO, TANNEH L  
TUSCANNY PARK LOOP  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**4/30/08**  
Date

**(813) 989300**  
Daytime Phone