

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004657

Entity Name: ATIRENT, LLC

**FILED**  
**Mar 08, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

## **New Mailing Address:**

FEI Number: 73-1639086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SZAFRICS, IMRE  
424 E. CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TOLLI, ATTILA  
Address: SZENTMIHALYI UT 25  
City-St-Zip: BUDAPEST, HUNGARY, HU 1144 HU

## **ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ATTILA TOLLI

MGRM

03/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date