

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 01, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90004 042 \*\*\*138.75

**DOCUMENT # L02000004657**

1. Entity Name  
ATIRENT, LLC



Principal Place of Business  
601 NORTH DIXIE HIGHWAY  
POMPANO BEACH, FL 33060 US

Mailing Address  
601 NORTH DIXIE HIGHWAY  
POMPANO BEACH, FL 33060 US

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

05122008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
73-1639086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
ATTILA TOLLI  
Street Address (P.O. Box Number is Not Acceptable)  
1921 SW 15TH STREET  
#35  
City  
DEERFIELD BEACH FL Zip Code  
33442

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  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TOLLI, ATTILA  
1921 SW. 15TH STREET #35  
DEERFILED BEACH, FL 33442 ☐ Delete

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

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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 #