2008 LIMITED LIABILITY COMPANY

Jan 28, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L02000006915 01-28-2008 90074 026 ***138.75 1. Entity Name DHBH ATLANTIC L.L.C. Principal Place of Business Mailing Address 60004401 45 N. CONGRESS AVE 45 N. CONGRESS AVE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 54-2088435 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIMMELRICH, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 45 N. CONGRESS AVE DELRAY BEACH, FL 33445 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE are thanklands Way m FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State Flonda Depart MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ☐ Addition TITLE TITLE HIMMELRICH, WILLIAM B NAME NAME STREET ADDRESS 1304 N OCEAN BLVD STREET ADDRESS GULFSTREAM, FL 33483 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition HOSOKAWA, DAVID NAME NAME STREET ADDRESS 1314 N OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULFSTREAM, FL 33483 ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information courate and that my signiture shall have the same legal effect as if made under oath; that I am a managing member or manager of the per or trustee emptywered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report in limited liability company of t

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

124/08

501-276-0013

Change

☐ Change

☐ Addition

■ Addition

FILED