# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 07, 2008 8:00 am**
**Secretary of State**
04-07-2008 90227 010 ***138.75

DOCUMENT # L02000015613

1. Entity Name
ATKINSON FAMILY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 152 HILLTOP DRIVE<br>SANTA ROSA BEACH, FL 32459 | 152 HILLTOP DRIVE<br>SANTA ROSA BEACH, FL 32459 |

60020191

03212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0462843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~PORATH, SHANNON L~~ Shannon L. Widman
~~2441 U.S. HWY 98 E~~ 600 Grand Blvd. Ste 205
~~108~~
~~SANTA ROSA BEACH, FL 32459~~ Destin, FL 32550

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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 Shannon L Widman 3/26/08
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 | MGRM |
| NAME | ATKINSON, WILLIAM T JR |
| STREET ADDRESS | 152 HILLTOP DR |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 32459 |
| TITLE | MGRM |
| NAME | ATKINSON, SUZANNE |
| STREET ADDRESS | 152 HILLTOP DR |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 32459 |
| TITLE | MGRM |
| NAME | ATKINSON, BILL |
| STREET ADDRESS | 316 DIXIE DRIVE |
| CITY-ST-ZIP | TOWSON, MD 21204 |
| TITLE | MGRM |
| NAME | D'HEMECOURT, JANE |
| STREET ADDRESS | 23185 HIGHWAY 435 |
| CITY-ST-ZIP | ABITA SPRINGS, LA 70420 |
| TITLE | MGRM |
| NAME | FINDLING, JULIANNE |
| STREET ADDRESS | 537 HEYWARD CIRCLE |
| CITY-ST-ZIP | MARIETTA, GA 30064 |
| TITLE | MGRM |
| NAME | ATKINSON, PHILLIP |
| STREET ADDRESS | 1616 PIEDMONT AVE |
| CITY-ST-ZIP | ATLANTA, GA 30324 |

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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.

WILLIAM T. ATKINSON JR.
SIGNATURE: William T. Atkinson Jr. MARCH 21, 08 850-267-2621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #