## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000015613

Entity Name: ATKINSON FAMILY, LLC

ATLANTA, GA 30324

City-St-Zip:

FILED Feb 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 152 HILLTOP DRIVE SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** 152 HILLTOP DRIVE SANTA ROSA BEACH, FL 32459 FEI Number: 03-0462843 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIDMAN, SHANNON L 600 GRAND BLVD STE 205 MIRAMAR BEACH, FL 32550 US 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/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ATKINSON, WILLIAM T JR Name: Name: 152 HILLTOP DR Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ATKINSON, SUZANNE Name: Name: Address: 152 HILLTOP DR Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ATKINSON, BILL Name: Name: Address: 316 DIXIE DRIVE Address: City-St-Zip: TOWSON, MD 21204 City-St-Zip: Title: MGRM Title: () Change () Addition ( ) Delete Name: D'HEMECOURT, JANE Name: Address: 23185 HIGHWAY 435 Address: City-St-Zip: ABITA SPRINGS, LA 70420 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FINDLING, JULIANNE Name: Name: 537 HEYWARD CIRCLE Address: Address: City-St-Zip: MARIETTA, GA 30064 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ATKINSON, PHILLIP Name: Name: Address: 1616 PIEDMONT AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: WILLIAM T. ATKINSON JR. PRES 02/15/2009