

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90038 030 ****50.00

0006131

DOCUMENT # L02000015613

1. Entity Name

ATKINSON FAMILY, LLC



Principal Place of Business

**152 HILLTOP DRIVE
SANTA ROSA BEACH FL 32459**

Mailing Address

**152 HILLTOP DRIVE
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0462843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PORATH, SHANNON L
2441 U.S. HWY 98 E
108
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	WILLIAM ATKINSON JR	152 HILLTOP DR.	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>
MGRM	SUZANNE ATKINSON	152 HILLTOP DR	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>
MGRM	BILL ATKINSON	316 DIXIE DRIVE	TOWSON, MD 21204	<input type="checkbox"/>
MGRM	JANE D'AMICO COURT	23185 HIGHWAY 435	ABITA SPRINGS, LA 70420	<input type="checkbox"/>
MGRM	JULIANN FINDLING	537 HAYWARD CIRCLE	MARIETTA, GA 30064	<input type="checkbox"/>
MGRM	PHILLIP ATKINSON	1616 PIEDMONT AVE	ATLANTA, GA 30324	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	PAUL ATKINSON	208 MELBOURNE AVE.	MINNEAPOLIS, MN 55414	<input type="checkbox"/>	<input type="checkbox"/>
MGRM	SAMER ATKINSON	424 S. 7TH AVE	LAGRANGE, IL 60525	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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]

7/17/03

850-267-2621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)