


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000016224</b> 1. Entity Name <b>ATMA, LLC</b>	
--	---

Principal Place of Business <b>9064 S.W. 113TH AVENUE MIAMI, FL 33176-1181</b>	Mailing Address <b>9064 S.W. 113TH AVENUE MIAMI, FL 33176-1181</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03072007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>51-0423085</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**FORESTI, ATTILIO  
9064 SW 113 AVE.  
MIAMI, FL 33176**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORESTI, ATTILIO 9064 S.W. 113TH AVENUE MIAMI, FL 331761181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORESTI, CESARINA 9064 S.W. 113TH AVENUE MIAMI, FL 331761181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000686493  
03/23/07-80072-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **03.09.07 (305) 298-0311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #