

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000024821

1. Entity Name
ATLANTIC LOWE'S, LLC



Principal Place of Business
45 WEST BAY STREET STE. 203
JACKSONVILLE, FL 32202

Mailing Address
45 WEST BAY STREET STE. 203
JACKSONVILLE, FL 32202



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3714113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRUNTHAL, LENORAD H
45 WEST BAY STREET
STE 203
JACKSONVILLE, FL 32202

**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 _____

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

000000251038
03/25/08-80022-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHULTZ, JOHN
118 WEST ADAMS STREET STE 600
JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANGELO, MARC
11363 SAN JOSE BLVD BLVD 300
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHUETH, WILLIAM F
45 WEST BAY STREET STE 203
JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRUNTHAL, LEONARD H III
45 WEST BAY STREET STE. 203
JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

Leonard H. Grunthal III

03/05/08

904-356-1060

Date

Daytime Phone #