

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024822

1. Entity Name
ATLAS PARTNERS, LLC



Principal Place of Business

**7120 S. BENEVA RD
SARASOTA, FL 34238**

Mailing Address

**7120 S. BENEVA RD
SARASOTA, FL 34238**



01202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3878910

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, DARREN B
7120 S BENEVA RD
SARASOTA, FL 34238**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HOWARD, DARREN B
7120 S BENEVA RD
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BROWN, ROBERT W
7120 S. BENEVA RD.
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
KOCHIS, THOMAS W
7120 S. BENEVA RD.
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000423713
02/17/06-80028-013 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:

Thomas W. Kochis

02/02/06

941-366-8424

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

Date

Daytime Phone #