

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90079 041 \*\*\*\*\*50.00

**DOCUMENT # L02000028362**

1. Entity Name

**ATN SALES MANAGEMENT GROUP, LLC**



Principal Place of Business

**6400 NORTH ANDREWS AVENUE, SUITE 250  
FORT LAUDERDALE FL 33309**

Mailing Address

**6400 NORTH ANDREWS AVENUE, SUITE 250  
FORT LAUDERDALE FL 33309**

**55053230**

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

**32-0068135**

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

7. Name and Address of New Registered Agent

**SZCZECZ, DENNIS J  
710 NORTH OCEAN BOULEVARD, SUITE 211  
POMPANO BEACH FL 33062**

Name

**DENNIS J. SZCZECZ**

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

**710 N. Ocean Blvd.**

**STE 210**

City

**Pompano Beach**

**FL**

Zip Code

**33062**

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 transferring)

DATE

**1/10/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **RYAN, DAVID**  
STREET ADDRESS **626 NE 13th AVE**  
CITY-STATE-ZIP **FORT LAUDERDALE, FL 33304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **MGRM** ☐ Delete  
NAME **MONTGOMERY, STUART**  
STREET ADDRESS **2212 PAGET CIR.**  
CITY-STATE-ZIP **NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 REQUIRED**

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

Date

Daytime Phone #

**1/10/03**

CR2E083 (10/02)