

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004109

**FILED**  
**Mar 05, 2008**  
**Secretary of State**

**Entity Name:** ATLANTIC COAST GROUP, L.L.C.

**Current Principal Place of Business:**

1743 N.E. 48TH COURT  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

2802 KELLY BROOKE LANE  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1743 N.E. 48TH COURT  
POMPANO BEACH, FL 33064

**New Mailing Address:**

2802 KELLY BROOKE LANE  
DEERFIELD BEACH, FL 33442

FEI Number: 45-0506493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCDSAR, LUIS  
C/O DIANA VOYER  
6209 W. COMMERCIAL BLVD., SUITE 7  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

ESCOBAR, LUIS  
C/O DIANA VOYER  
6209 W. COMMERCIAL BLVD., SUITE 7  
TAMARAC, FL 33319 US

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.

SIGNATURE: DAVID VOYER

03/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VOYER, DAVID A  
Address: 1743 N.E. 48TH COURT  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VOYER, DAVID A  
Address: 2802 KELLY BROOKE LANE  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID VOYER

MGRM

03/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date