

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED  
May 10, 2004 8:00 am  
Secretary of State

04-23-2004 90012 002 \*\*\*\*50.00

34005548



04162004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000055367

1. Entity Name  
ATLANTIC MICRO LLC



Principal Place of Business  
50 PORTLAND PIER  
PORTLAND, ME 04101

Mailing Address  
50 PORTLAND PIER  
PORTLAND, ME 04101

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  
10-0007043

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME Atlantic Micro Management Corp.  
STREET ADDRESS 50 Portland Pier, Suite 400  
CITY-ST-ZIP Portland, ME 04101

TITLE MGRM ☐ Delete  
NAME Theodore V. West  
STREET ADDRESS 2901 S. Bayshore Dr., 10D Harbor  
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE MGR ☐ Delete  
NAME Theodore V. West  
STREET ADDRESS (same as above)  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME Susan K. LaBrie  
STREET ADDRESS 50 Portland Pier, Suite 400  
CITY-ST-ZIP Portland, ME 04101

TITLE MGR ☐ Delete  
NAME Atlantic Micro Management Corp.  
STREET ADDRESS (same as above)  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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

*Susan K. LaBrie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Susan K. LaBrie

4-22-04

800-347-1080

Date

Daytime Phone #