


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006067 1. Entity Name ATACOS, LLC					
Principal Place of Business 10735 SW KISSIMMEE RD ARCADIA, FL 34269 US			Mailing Address 10735 SW KISSIMMEE RD ARCADIA, FL 34269 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address c/o David A. Holmes 99 Nesbit Street Punta Gorda, FL 33950 USA			
City & State Zip		City & State Zip		4. FEI Number 20-1139262	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST PUNTA GORDA, FL 33950-3636			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. CLARENCE, SCOTT J MGR. 10735 SW KISSIMMEE RD. ARCADIA, FL 34269 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: X <i>Clarence J. Scott</i>			X May 1, 2007 941-457-9406		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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SIGNATURE: X *Clarence J. Scott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #