## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000031664

Entity Name: ATLANTIC TMD, LLC

City-St-Zip:

BOCA RATON, FL 33487

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6420 CONGRESS AVE, SUITE 2000 BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 6420 CONGRESS AVE, SUITE 2000 BOCA RATON, FL 33487 FEI Number: 47-0945676 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GEVINSON, TERI J 6420 CONGRESS AVE, SUITE 2000 BOCA RATON, FL 33487 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BENDER, GARRETT Name: Name: Address: 6420 CONGRESS AVE, SUITE 2000 Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: GEVINSON, TERI Name: Address: 6420 CONGRESS AVE. SUITE 2000 Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KRANSDORF, JEFF Name: Name: 6420 CONGRESS AVE, SUITE 2000 Address: Address:

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.

City-St-Zip:

SIGNATURE: GARRETT BENDER MRGM 04/13/2009