

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000064106

**1. Entity Name
AATLANTIC FPPL, LLC**



**Principal Place of Business
425 WATERWOOD CT.
MINNEOLA, FL 34715-7981**

**Mailing Address
425 WATERWOOD CT.
MINNEOLA, FL 34715-7981**



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
32-0127218**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAYNON, GARY S
425 WATERWOOD CT.
MINNEOLA, FL 34715-7981**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$30.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAYNON, GARY S
425 WATERWOOD CT.
MINNEOLA, FL 347157981**

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CITY-ST-ZIP**

U00000519765
05/02/06-80069-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

GARY S. BAYNON

4/18/2006 407-722-4140

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

Date

Daytime Phone #