

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086465

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** ATLANTA TOMATO, L.L.C.

**Current Principal Place of Business:**

11215 OLD TAMPA ROAD  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 963  
ELLENTON, FL 34222

**New Mailing Address:**

**FEI Number:** 02-0734043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, TIMMY S  
11215 OLD TAMPA ROAD  
PARRISH, FL 34219 US

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

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:**

Title: MGR ( ) Delete  
Name: STEVENSON, SHANE M  
Address: 300 SHOAL CREEK ROAD  
City-St-Zip: HAYDEN, AL 35079

Title: MGRM ( ) Delete  
Name: ADAMS, TIMMY S  
Address: 11215 OLD TAMPA ROAD  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMMY S. ADAMS

MGRM

04/23/2007

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