

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005295

FILED
Apr 24, 2009
Secretary of State

Entity Name: 1615 S. ATLANTIC AVENUE, LLC

Current Principal Place of Business:

4917 US 301N
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25487
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 20-2255834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDI, INITA K
4917 US 301 N
ELLENTON, FL 34222 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: MGRM () Delete
Name: BEDI, INITA K
Address: 4917 US 301 N
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: BEDI, NEIL S
Address: 4917 US 301 N
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: BEDI, MONICA K
Address: 4917 US 301 N
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: PETERSON, JON-MICHAEL C
Address: 4917 US 301 N
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES:

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

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

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 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: INITA K BEDI

MGRM

04/24/2009

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