

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90039 038 \*\*\*143.75

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04092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000008299	
1. Entity Name ATLANTIC UTILITY SERVICE, LLC	



Principal Place of Business 425 S CHICKASAW TRAIL SUITE 191 ORLANDO, FL 32825 US	Mailing Address 425 S CHICKASAW TRAIL SUITE 191 ORLANDO, FL 32825 US
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2. Principal Place of Business - No P.O. Box # 6640 OLD CHENEY HWY	3. Mailing Address 505 S. CHICKASAW TR
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City & State ORLANDO FL	City & State ORLANDO, FL
Zip 32807	Zip 32825
Country ORANGE	Country ORANGE

4. FEI Number 20-2229502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMALLEY & COMPANY, P.L. 1517 E HILLCREST STREET ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name DONALD ANACKER Street Address (P.O. Box Number is Not Acceptable) 1101 S. CHICKASAW TR City ORLANDO FL Zip Code 32825
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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 DONALD ANACKER 4-14-08  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANACKER, DONALD G 425 S CHICKASAW TRAIL # 191 ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 S. CHICKASAW TR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: DONALD ANACKER 4-14-08 (407) 257-5265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #