

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024330

Entity Name: ATRIAL SYSTEMS, LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

5331 POTOSI WAY  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

5331 POTOSI WAY  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 07-8680942      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LITVAK, KRAMER A PA  
226 E. GOVERNMENT STREET  
PENSACOLA, FL 32502 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: VERMA, SHALINI  
Address: 5331 POTOSI WAY  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: VERMA, SUMIT  
Address: 5331 POTOSI WAY  
City-St-Zip: PENSACOLA, FL 32504

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: SHALINI VERMA

MGR

04/21/2008

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