

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024330

Entity Name: ATRIAL SYSTEMS, LLC

**FILED**  
**Feb 17, 2012**  
**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  
Name: VERMA, SHALINI  
Address: 5331 POTOSI WAY  
City-St-Zip: PENSACOLA, FL 32504

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

I hereby 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

02/17/2012

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