


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000033570 1. Entity Name VERDE ATLANTIC, LLC	
---	---

Principal Place of Business 414 RIDGEVIEW DRIVE BLACKSBURG, VA 24060	Mailing Address 414 RIDGEVIEW DRIVE BLACKSBURG, VA 24060
--	--



01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2171663	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent ROSSWAY MOORE & TAYLOR 5070 NORTH HIGHWAY A-1-A, SUITE 200 VERO BEACH, FL 32963
--

DO NOT WRITE IN THIS SPACE

8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, ELLEN 414 RIDGEVIEW DR BLACKSBURG, VA 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, LUCIEN 414 RIDGEVIEW DR BLACKSBURG, VA 24060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000688250 04/10/07-80066-012 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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. <i>Ellen Green, MANAGING MEMBER</i> SIGNATURE: ELLEN GREEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/31/07 <small>Date</small>	<small>Daytime Phone #</small>
---	---------------------------------------	--------------------------------