

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069970

Entity Name: ATM INVESTMENTS, LLC

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1820 NORTH CORPORATE LAKES BLVD. STE. 207  
WESTON, FL 33326

**New Principal Place of Business:**

1820 NORTH CORPORATE LAKES BLVD.  
207  
WESTON, FL 33326 US

**Current Mailing Address:**

1820 NORTH CORPORATE LAKES BLVD. STE. 207  
WESTON, FL 33326

**New Mailing Address:**

1820 NORTH CORPORATE LAKES BLVD.  
207  
WESTON, FL 33326 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

TORREALBA, AQUILES  
1820 NORTH CORPORATE LAKES BLVD. STE. 207  
WESTON, FL 33326 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: TORREALBA, AQUILES R  
Address: 1820 NORTH CORPORATE LAKES BLVD. STE. 207  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TORREALBA, AQUILES R  
Address: 1820 NORTH CORPORATE LAKES BLVD. STE. 207  
City-St-Zip: WESTON, FL 33326

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: AQUILES R. TORREALBA                      MGRM                      04/17/2009

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