## 2007 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000090229

Entity Name
 ATLANTIS PROJECT, LLC



FILED Jul 19, 2007 08:00 AM Secretary of State

Principal Place of Business

603 WATERWOOD COURT LUTZ, FL 33548 Mairing Address

603 WATERWOOD COURT LUTZ, FL 33548



07122007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 20-3649394                       | Not Applicable    |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

NANNI, MARK D 603 WATERWOOD COURT LUTZ, FL 33548

## 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.  | Signature, typed or printed name of registered egent and title if applicable. | (NOTE, Registered Agent signature required when reinstating) | DATE                                    |  |
| Fil<br>Due l  | ling Fee is \$50.00<br>by September 14, 2007                                  | 0  | U00000769663<br>7/19/07-80011-009 50.00 |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>NANNI, MARK D<br>603 WATERWOOD COURT<br>LUTZ, FL 33548                |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   |  |
| TITLE<br>NAME<br>STREET AUDRESS<br>CITY-ST-ZIP  |   | DO N   | OT WRITE                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | IN TH  | HIS SPACE                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY_ST_TIP   |   |  |   |  |

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: WWW DYNAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/10/01

8/3-949-3546

Daytime Phone #