2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000109589

1. Entity Name
ATM VENTURES, LLC

Principal Place of Business	Mailing Address
2914 1/2 BEACH BLVD SOUTH GULFPORT, FL 33707 US	2914 1/2 BEACH BLVD SOUTH GULFPORT, FL 33707 US

DO NOT WRITE IN THIS SPACE

03282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
56-4454976	Not Applicable

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

6. Name and Address of Current Registered Agent

HAJEK, MICHAEL W III
5308 CENTRAL AVENUE
ST PETERSBURG, FL 33707

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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 agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000881579
04/16/08-80006-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CULBERTSON, WILLOW
STREET ADDRESS	2914 1/2 BEACH BLVD SOUTH
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	MGR
NAME	CULBERTSON, JOSEPH J JR.
STREET ADDRESS	2914 1/2 BEACH BLVD SOUTH
CITY-ST-ZIP	GULFPORT, FL 33707
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	

DO NOT WRITE IN THIS SPACE

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: _____   3/31/08   610-368-5148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #