2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023009

1. Entity Name
ATLANTIC INTERNATIONAL GROUP, LLC

Principal Place of Business	Mailing Address
15925 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160 US	15925 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90130 008 ***138.75

`6001U11J`

02192008   Chg-LLC   CR2E083 (12/06)

4. FEI Number *20- 4497488* ~~APPLIED-FOR~~

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	-
CHAN, SLENDA C 339 NE 167TH STREET NORTH MIAMI BEACH, FL 33162	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL	Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHAN, SLENDA C		NAME			
STREET ADDRESS	~~339 NE 167TH STREET~~ *15925 Biscayne Blvd*		STREET ADDRESS			
CITY-ST-ZIP	~~NORTH MIAMI BEACH, FL 33162~~ *North miami Beach*		CITY-ST-ZIP			
TITLE		☐ Delete *33160*	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____ 2/20/08

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