

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023009

FILED
May 01, 2009
Secretary of State

Entity Name: ATLANTIC INTERNATIONAL GROUP, LLC

Current Principal Place of Business:

15925 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

8050 N. UNIVERSITY DRIVE
202
TAMARAC, FL 33321 US

Current Mailing Address:

15925 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

8050 N. UNIVERSITY DRIVE
202
TAMARAC, FL 33321 US

FEI Number: 20-4497488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAN, SLENDAC
339 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

CHAN, SLENDAC
8050 N. UNIVERSITY DRIVE
202
TAMARAC, FL 33321 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAN, SLENDAC
Address: 15925 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHAN, SLENDAC
Address: 8050 N. UNIVERSITY DRIVE, SUITE 202
City-St-Zip: TAMARAC, FL 33321 US

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: SLENDAC HAN

MGRM

05/01/2009

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