2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027241

Entity Name: ATI, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5170 LAZY OAKS DRIVE 30838 PRESTWICK AVE

WINTER PARK, FL 32792 US MT. PLYMOUTH, FL 32776 US

Current Mailing Address: New Mailing Address:

5170 LAZY OAKS DRIVE PO BOX 152

WINTER PARK, FL 32792 US SORRENTO, FL 32776 US

FEI Number: 20-4543764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BONE, STEVEN J
5170 LAZY OAKS DRIVE
WINTER PARK, FL 32792 US
BONE, STEVEN J
30838 PRESTWICK AVE
MT PLYMOUTH, FL 32776 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: 04/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition

 Name:
 BENE, STEVE
 Name:
 BONE, STEVE

 Address:
 5170 LAZY OAKS DR
 Address:
 30838 PRESTWICK AVE

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 MT. PLYMOUTH, FL 32776

 Name:
 COUGHLIN, STACY M

 Address:
 Address:
 30838 PRESTWICK AVE

 City-St-Zip:
 City-St-Zip:
 MT. PLYMOUTH, FL 32776 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: STEVEN BONE MGRM 04/28/2009