

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035129

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ATLANTIC CONSTRUCTION & DESIGN LLC

**Current Principal Place of Business:**

350 TAYLOR AVENUE  
B-8  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 TAYLOR AVENUE  
B-8  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number:** 75-3214246      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GIBSON, JOSEPH A  
350 TAYLOR AVENUE  
B-8  
CAPE CANAVERAL, FL 32920 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIBSON, JOSEPH A  
Address: 350 TAYLOR AVENUE, B-8  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: MGRM ( ) Delete  
Name: GIBSON, ASHLEY  
Address: 350 TAYLOR AVENUE, B-8  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GIBSON, ASHLEY E  
Address: 350 TAYLOR AVENUE, B-8  
City-St-Zip: CAPE CANAVERAL, FL 32920 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: JOSEPH GIBSON

MGRM

04/14/2009

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