## 2007 LIMITED LIABILITY COMPANY

## Apr 06, 2007 8:00 am Secretary of State ANNUAL REPORT 04-06-2007 90289 001 \*\*\*600.00 DOCUMENT # L06000035721 S. ATLANTIC HOLDINGS, LLC 30004210 Principal Place of Business Mailing Address 450 N WYMORE ROAD 450 N WYMORE ROAD WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address c/o Webster & Partners, P.L. c/o Webster & Partners, P.L. Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-4642903 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W&P SERVICES,INC. Street Address (P.O. Box Number is Not Acceptable) 450 N WYMORE ROAD WINTER PARK, FL 32789 City Zip Code FL 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 rainstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Mgr, PST TITLE ☐ Delete TITLE Change Ch Addition SHIH, GRACE L NAME NAME STREET ADDRESS 450 N WYMORE ROAD STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE Change ☐ Addition THACH, PAUL P NAME NAME 450 N WYMORE ROAD STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE