

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038044

Entity Name: ATLAS CONSULTING LLC

FILED  
Mar 21, 2008  
Secretary of State

**Current Principal Place of Business:**

710 N. 68TH WAY  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

710 N. 68TH WAY  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: MGR ( ) Delete  
Name: DESPIN, RAUL  
Address: 710 N. 68TH WAY  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR ( ) Delete  
Name: VALDES, LUIS  
Address: 710 N. 68TH WAY  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGR ( ) Delete  
Name: ANDONOV, ALEKSANDAR  
Address: 710 N. 68TH WAY  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES:**

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

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

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

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: LUIS VALDES

MGR

03/21/2008

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