

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000064301

Entity Name: ATEAM, LLC

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

18562 US HIGHWAY 19 NORTH, SUITE B  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

18562 US HIGHWAY 19 NORTH, SUITE B  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: SHANNON MCMINN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GEORGE, ANTHONY  
Address: 18562 US HIGHWAY 19 NORTH, SUITE B  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete  
Name: ROTHMAN, ADAM  
Address: 18562 US HIGHWAY 19 NORTH, SUITE B  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

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: SHANNON MCMINN

MM

04/15/2008

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