

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080930

Entity Name: ATLANTIS GRAPHIX LLC

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

11280 REVEILLE ROAD
COOPER CITY, FL 33026

New Principal Place of Business:

6187 NW 167 STREET
SUITE H-27
MIAMI, FL 33015

Current Mailing Address:

11280 REVEILLE ROAD
COOPER CITY, FL 33026

New Mailing Address:

6187 NW 167 STREET
SUITE H-27
MIAMI, FL 33015

FEI Number: 20-5505930 FEI Number Applied For () FEI Number Not Applicable () 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:

FOODMAN, STANLEY
1201 BRICKELL AVENUE, #610
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HENRI-CLAUDE MULLER-, POITEVIEN
Address: 6187 NW 167 STREET, SUITE H-27
City-St-Zip: MIAMI, FL 33015

Title: MGRM () Change (X) Addition
Name: ALIX CORVINGTON,
Address: 6187 NW 167 STREET, SUITE H-27
City-St-Zip: MIAMI, FL 33015

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: HENRI-CLAUDE MULLER-POITEVIEN

MGRM

07/03/2007

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