## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000096789**

1. Entity Name ATDT, LLC



Principal Place of Business

10701 LAKE LOUISA ROAD CLERMONT, FL 34711 Mailing Address

10701 LAKE LOUISA ROAD CLERMONT, FL 34711

## FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90221 031 \*\*\*138.75

60022320



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For	
NOT APPLICABLE		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEWITT, THEODORE D 10701 LAKE LOUISA ROAD CLERMONT, FL 34711

**SIGNATURE:** 

SIGNATURE AND THEE OR P

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chang ions of registered agent.	ging its registered office or registered agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DeWITT 7.0.0.2/28/08 DEYOHT, THEODORE D 10701 LAKE LOUISA RD CLERMONT, FL 34711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE
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indicated	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company of the compa	ualify for the exemptions contained in Chapter 119, Florida Statutes. I all have the same legal effect as if made under oath; that I am a man ute this report as required by Chapter 608, Florida Statutes.	further certify that the information aging member or manager of the

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE