

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115184

Entity Name: ATLASXPERIENCE, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

8680 SCENIC HIGHWAY  
#13  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

8680 SCENIC HIGHWAY  
#13  
PENSACOLA, FL 32514 US

**New Mailing Address:**

620 BARBERRY DR  
LONGMONT, CO 80503 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

BEHNKE, DEBORA T COO  
8680 SCENIC HIGHWAY  
#13  
PENSACOLA, FL 32514 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: PRES ( ) Delete  
Name: BEHNKE, BRIAN R PRES  
Address: 8680 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES:**

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: BRIAN R BEHNKE

PRES

04/30/2009

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