


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90203 030 ****50.00

DOCUMENT # L06000115858	
1. Entity Name ATLANTIC ALLIED GROUP, LLC	

Principal Place of Business 7944 SW MACK SHIVER ROAD CLARKSVILLE, FL 32430	Mailing Address 7944 SW MACK SHIVER ROAD CLARKSVILLE, FL 32430
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60013321



2. Principal Place of Business - No P.O. Box # 11445 Verdine Cemetery Rd.	3. Mailing Address 11445 Verdine Cemetery Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02012007 Chg-LLC CR2E083 (12/06)

City & State Bryceville, FL	City & State Bryceville, FL
Zip 32009	Country USA
Zip 32009	Country USA

4. FEI Number
20-540 0788

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent JAMES A. NOLAN, P.A. 4114 HERSCHEL STREET, STE. 105 JACKSONVILLE, FL 32210	7. Name and Address of New Registered Agent Name Michael A. Thompson Street Address (P.O. Box Number is Not Acceptable) 11445 Verdine Cemetery Rd. City Bryceville FL Zip Code 32009
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 1/31/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, MICHAEL A		NAME THOMPSON, MICHAEL A.	
STREET ADDRESS 7944 SW MACK SHIVER ROAD		STREET ADDRESS 11445 Verdine Cemetery Rd.	
CITY-ST-ZIP CLARKSVILLE, FL 32430		CITY-ST-ZIP Bryceville, FL 32009	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **DATE** 1/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE