LD7000016358

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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(Document Number)				
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SECRETARY OF STATE
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ATG LLC Changes Cover Letter

Daniel J. Quinn Jr. ATG LLC 4860 NW 114th Ct Doral, Fl 33178

Daytime Telephone Number (305) 437-2349 Cellphone Number (305) 409-9057

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ATG LLC		
	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Daniel J Quinn Jr.		
(Name of Person)		
ATG LLC		
(Firm/Company)		
4860 NW 114th Ct		
(Address)		
Doral, Fl 33178		
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
Daniel J. Quinn Jr.	at (305) 409-9057	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ted liability company is	s: ATG LLC	* - ===
2. The mailing address	of the limited liability of	company is : 4860 NW 114th Ct, I	Ooral, Fl 33178
02/09/07		L07000016358	12 APP 2017 TO
3. Date of filing/registration in Florida 4. Document number 1.		aber	
5. The name of the regis Florida Department of		istered office address as shown of	on the records of the
	Lissette Delgado		
		Name	
	1053 NW 133rd Co		
		Address	•
	Miami, Fl 33182	State and Zin	93 1A
	City	, State and Zip	Eg 🗷
6. The name and address of the new registered agent and/or office:		FIL MAR -6 CRETAKI LLAHASS	
	Daniel J. Quinn Jr.		LU , LU
Name 4860 NW 114th Ct		PM 1: OF STA E, FLOR	
	Florida street addre	ss (P.O. Box NOT acceptable)	ATE ORID A
	Doral,	FL 33178	•
	City,	State and Zip	
confirmed that after the and the business office of	change or changes are in the registered agent we shall be confirmed that the mited liability companies the limited liability.		of the registered office of a Florida limited
	\ .		
Daniel J. Quinn Jr.	<u> </u>		
(Signature of Registers Agorit)	pintment as registered in of all statutes relative ad accept the obligatio this document is being in that the limited liabil	agent and agree to act in this ca ve to the proper and complete pe ns of my position as registered a filed to merely reflect a change ity company has been notified in ————————————————————————————————————	

FILING FEE: \$25.00