

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000021832

1. Entity Name  
THE ATLANTIC GROUP, LLC



Principal Place of Business  
4716 UNIVERSITY BLVD  
JACKSONVILLE, FL 32277

Mailing Address  
4716 UNIVERSITY BLVD  
JACKSONVILLE, FL 32277

**FILED**

08 OCT 23 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10232008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEVGENY, MOROZOV  
4716 UNIVERSITY BLVD  
JACKSONVILLE, FL 32277

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature of person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME MOROZOV, YEVGENY  
STREET ADDRESS 4716 UNIVERSITY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition  
NAME 800137491328  
STREET ADDRESS 10/30/08--01044--002 \*\*\*138.75  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MOROZOV, VLADIMIR  
STREET ADDRESS 4716 UNIVERSITY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MOROZOV, RUSLAN  
STREET ADDRESS 4716 UNIVERSITY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MOROZOV, FELIX  
STREET ADDRESS 4716 UNIVERSITY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MOROZOV, EDWARD  
STREET ADDRESS 4716 UNIVERISTY BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Date

Daytime Phone #

**REINSTATEMENT**

08 AL