

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028641

FILED
Jun 19, 2008
Secretary of State

Entity Name: ATKINSON VALLEY, LLC

Current Principal Place of Business:

12000 NORTH DALE MABRY HIGHWAY, SUITE 110
TAMPA, FL 33618 US

New Principal Place of Business:

12000 NORTH DALE MABRY HIGHWAY
SUITE 110
TAMPA, FL 33618 US

Current Mailing Address:

12000 NORTH DALE MABRY HIGHWAY, SUITE 110
TAMPA, FL 33618 US

New Mailing Address:

12000 NORTH DALE MABRY HIGHWAY
SUITE 110
TAMPA, FL 33618 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN ESQ.
4001 WEST HENRY AVENUE
SUITE 306
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN ESQ.
12000 NORTH DALE MABRY HIGHWAY
SUITE 110
TAMPA, FL 33618 US

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: NICK SPRADLIN, ESQ. CEO

06/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEON, MARIANELLA
Address: 12000 NORTH DALE MABRY HIGHWAY SUITE 110
City-St-Zip: TAMPA, FL 33618 US

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: MARIANELLA LEON

MGR

06/19/2008

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