

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000044247

FILED
Oct 08, 2009
Secretary of State

Entity Name: ATI HOLDING, LLC

Current Principal Place of Business:

6312 US HWY 301 N
#394
ELLENTON, FL 34222

New Principal Place of Business:

3001 OLD ORCHARD LANE
PARRISH, FL 34219

Current Mailing Address:

6312 US HWY 301 N
#394
ELLENTON, FL 34222

New Mailing Address:

3001 OLD ORCHARD LANE
PARRISH, FL 34219

FEI Number: 20-8917389 **FEI Number Applied For ()** **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:

Name and Address of New Registered Agent:

A TAX SHELTER
3704 US HWY 301 N
STE 3
ELLENTON, FL 34222 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: TONYA VANFOSSSEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LYNCH, P A
Address: 6312 US HWY 301 N #394
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: LYNCH, AL
Address: 6312 US HWY 301 N #394
City-St-Zip: ELLENTON, FL 34222

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: PAM LYNCH

MGM

10/08/2009

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