


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90249 017 \*\*\*143.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                               |                                                                                |                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000091212</b><br>1. Entity Name<br><b>ATLAS PRODUCT SUPPORT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                               |                                                                                |                                              |  |
| Principal Place of Business<br><b>3145 COLLEGE BLVD.</b><br><b>LYNN HAVEN, FL 32444 US</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                               | Mailing Address<br><b>3145 COLLEGE BLVD.</b><br><b>LYNN HAVEN, FL 32444 US</b> |                                                                                                                               |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                |                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | City & State                                  |                                                                                |                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                   | Zip                                           | Country                                                                        | 4. FEI Number<br><b>26-0882555</b>                                                                                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                               |                                                                                | Applied For<br>Not Applicable                                                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCCAUGHEY, ROBERT D</b><br><b>3145 COLLEGE BLVD</b><br><b>LYNN HAVEN, FL 32444</b>                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                               |                                                                                | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City |  |
| 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.                                                                                                                                                                                                                                                                            |                                                                           |                                               |                                                                                | \$5.00 Additional Fee Required                                                                                                |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                               |                                                                                |                                                                                                                               |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                               | Make check payable to<br><b>Florida Department of State</b>                    |                                                                                                                               |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                               | 10. ADDITIONS/CHANGES                                                          |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, ROBERT D<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444 | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, INGE B<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444   | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, INGE B<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444   | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, INGE B<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444   | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, INGE B<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444   | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, INGE B<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444   | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MCCAUGHEY, INGE B<br>3145 COLLEGE BLVD.<br>LYNN HAVEN, FL 32444   | <input type="checkbox"/> Delete               |                                                                                |                                                                                                                               |  |
| 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. |                                                                           |                                               |                                                                                |                                                                                                                               |  |
| <b>SIGNATURE: <u>Robert McCaughey</u> ROBERT MCCAUGHEY 5 MARCH 2008 850-265-4442</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                        |                                                                           |                                               |                                                                                |                                                                                                                               |  |