

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100661

Entity Name: ATM DISTRIBUTION LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34637

**Current Mailing Address:**

7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34639

**New Mailing Address:**

7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34637

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

FLORIDA INCORPORATORS, INC.  
7803 BLUE SPRING DRIVE  
LAND O LAKES, FL 34639 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ERICKSON, RACHEL AMY  
Address: 299 BLUSHING MEADOWS, 64 GILSTON ROAD  
City-St-Zip: NERANG, QLD 4211, AUSTRALIA,

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: RACHEL A ERICKSON

MGR

05/01/2008

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