2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-03-2008 90406 019 ***138.75

DOCUMENT # L07000117110

1. Entity Name
AT ENTERPRISE GROUP, LLC

30002842

02262008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309	5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309
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 14-2012060 ☐ 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
DE O. LIMA, PAULO 5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309	Name: LIMA, PAULO O. (MR.) Street Address (P.O. Box Number is Not Acceptable): 5290 NW 20TH TERRACE, HANGAR 57-101 City: FORT LAUDERDALE FL Zip Code: 33309

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE O. LIMA, PAULO 5290 N.W. 20TH TERRACE, HANGAR 57-101 FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. LIMA, PAULO O. 5290 NW 20TH TERRACE, HANGAR 57-101 FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 02/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #