2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90020 043 ***138.75

DOCUMENT # L07000117941

1. Entity Name

ATLANTIS BISTRO, LLC

Principal Place of Business

300 FLAGLER AVENUE
SUITE A
NEW SMYRNA BEACH FL 32169

Mailing Address

837 8TH AVENUE
NEW SMYRNA BEACH FL 32169

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box # SAME
Suite, Apt. #, etc. #A
City & State
Zip Country

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 26-1460452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JEFFREY L
950 S. WINTER PARK DRIVE
SUITE 350-B
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name LICIA BONADUCE
Street Address (P.O. Box Number is Not Acceptable) 300 FLAGLER AVE #A
City NEW SMYRNA BEACH FL
FL Zip Code 32169

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 BONADUCE, LICIA 300 FLAGLER AVENUE, SUITE A NEW SMYRNA BEACH FL 32169	☐ 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 Section 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] LICIA BONADUCE 4-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 407-234-4807