

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90032 047 ***138.75

DOCUMENT # L07000125906

1. Entity Name
ATKINS GROUP REALTY, LLC



Principal Place of Business
**% 270 SOUTH COUNTY ROAD
PALM BEACH, FL 33480**

Mailing Address
**% 270 SOUTH COUNTY ROAD
PALM BEACH, FL 33480**

60038854



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DORRA, ARIEL J.(DON) J
270 SOUTH COUNTRY ROAD
PALM BEACH, FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FEI # 582

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ATKINS, MARTY % 270 SOUTH COUNTY ROAD PALM BEACH, FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08

361-626-1203

ATTACHMENT

60038854
607000125906

Anne M. Gannon, Tax Collector

RENEW ONLINE - RENEW BY PHONE - RENEW BY MAIL

P.O. Box 3828, West Palm Beach, FL 33402-3828 www.pbcgov.com/tax tel: 561-355-2622

Dear Palm Beach County Registrant:

Express Renewal is available by mail, by telephone or online. If you select to renew by mail, please follow the instructions printed below. To renew online or by telephone please follow the instructions on the other side of this notice.

Two year renewal is now available.

The registration listed below expires in approximately 45 days. If you wait until the week before the expiration date you may not have enough time to use express renewal. If you select to visit an office, you will be served quickly. Avoid waiting in line, save time and fuel costs by using one of the express renewal options.

If you no longer own the vehicle described below, please disregard this notice.

Anne M. Gannon
Tax Collector

The registration for this vehicle expires **05/19/08**. Your PIN # to renew by telephone is **02069567995**

IMPORTANT - 5-digit Insurance Company Number - All insurance companies licensed to provide insurance in Florida are required to issue identification cards containing their 5-digit company code. This code consists of 5 numbers beginning with zero and must be included in your insurance affidavit below. If your insurance card does not include the 5-digit number, please contact your insurance company to request a new card.

INSTRUCTIONS: Complete the insurance affidavit in full and make any address changes on the reverse side of the notice. Use the enclosed envelope to return the completed renewal request and your payment for the amount shown.

Please do not staple, paper clip or tape your check to the renewal request.

*** DETACH AND RETURN BOTTOM PORTION ***