# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 25, 2012**
**Secretary of State**

DOCUMENT# L08000061939

**Entity Name:** ATLANTICA ONE, LLC

**Current Principal Place of Business:**

225 N. FOREST DUNE , C/O ATLANTIC ONE
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

225 N. FOREST DUNE , C/O ATLANTIC ONE
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIROUARD, RENELLE
225 N. FOREST DUNE
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM
Name: CURRIE, MARCIA
Address: 225 N. FOREST DUNE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR
Name: GIROUARD, RENELLE
Address: 225 NORTH FOREST DUNE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR
Name: A.GIROUARD AS PROPERTY OPERATIONAL MGR
Address: 225 NORTH FOREST DUNE
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 Statues.

SIGNATURE: RENELLE GIROUARD GP 03/25/2012

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