

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070793

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ATLANTIC TRUST SERVICES, LLC

## Current Principal Place of Business:

3165 MCCRORY PL  
STE. 101  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

3165 MCCRORY PL  
STE. 101  
ORLANDO, FL 32803

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

GRAHAM WOODS, PL  
3165 MCCRORY PL  
STE. 101  
ORLANDO, FL FL. US

## Name and Address of New Registered Agent:

GRAHAM & ASSOCIATES  
3165 MCCRORY PL  
STE. 101  
ORLANDO, FL FL. 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: ROBERT GRAHAM

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GRAHAM, ROBERT  
Address: 3165 MCCRORY PL, STE. 101  
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete  
Name: WOODS, THOMAS  
Address: 3165 MCCRORY PL, STE. 101  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT GRAHAM

MGN

04/27/2009

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