2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# L08000105676

Entity Name: AT&C GROUP, LLC

Current Principal Place of Business:

2900 GLADES CIR
STE 425
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

2900 GLADES CIR
STE 425
WESTON, FL 33327 US

New Mailing Address:

FEI Number: 26-3752154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JAIME
2900 GLADES CIR
STE 425
WESTON, FL 33327 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 ( ) Delete
Name: RODRIGUEZ, REYNA
Address: 2900 GLADES CIR
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete
Name: COHEN, JAIME
Address: 2900 GLADES CIR STE 425
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete
Name: GOMEZ, MARTHA
Address: 2900 GLADES CIR STE 425
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete
Name: OCHEA, NATHALIE
Address: 2900 GLADES CIR STE 425
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete
Name: PIERLUISSI, MARIENILDA
Address: 2900 GLADES CIR STE 425
City-St-Zip: WESTON, FL 33327 US

Title: MGRM ( ) Delete
Name: RAIMUNDEZ, MARTA
Address: 2900 GLADES CIR STE 425
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

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

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

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

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

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: JAIME COHEN MGRM 04/25/2009

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