

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032666

FILED  
Mar 08, 2012  
Secretary of State

Entity Name: ATM4U, LLC

**Current Principal Place of Business:**

4255 SOUTH ATLANTIC AVENUE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

4470 EASTPORT PARK WAY  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

PO BOX 290820  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

PO BOX 290187  
PORT ORANGE, FL 32129 US

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

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

MATHIS & MURPHY, PA  
1200 RIVERPLACE BOULEVARD, SUITE 902  
JACKSONVILLE, FL 32207 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: HARDEE, CARY  
Address: PO BOX 290820  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGRM  
Name: PARKER, TONY  
Address: PO BOX 290820  
City-St-Zip: PORT ORANGE, FL 32129 US

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 Statutes.

SIGNATURE: LAURIE M. LEE, ESQ.

ATTY

03/08/2012

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