

LP1000043256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

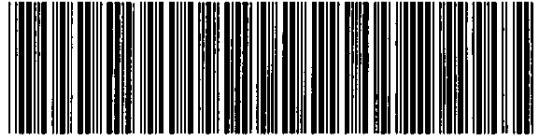
Special Instructions to Filing Officer:

L. SELLERS

NOV 23 2009

EXAMINER

Office Use Only



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11/06/09--01006--016 **35.00

11/20/09--01013--003 **25.00

FILED
09 NOV 20 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2009

PAUL DUROST
7600 SOUTHLAND BLVD., STE. 106
ORLANDO, FL 32809

SUBJECT: ATLANTIC PI LLC
Ref. Number: L09000043256

We have received your document for ATLANTIC PI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 409A00035414

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic PI LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Durost
Name of Person

Atlantic PI LLC
Firm/Company

7600 Southland Dr. Suite 106
Address

Orlando FL 32809
City/State and Zip Code

Pdurost@atlanticpi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Durost at (407) 574 5210
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Atlantic PI LLC
2. (a) Principal office address of limited liability company: 7600 Southland Suite 106
☐ (Note: **MUST BE STREET ADDRESS**) Orlando FL 32809

(b) Mailing address of limited liability company:
☐ (Note: **MAY BE POST OFFICE BOX**)

May 5, 2009
3. Date of filing/registration in Florida

109000043256
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

David Bulger

Registered Office Address:

2656 R. Castro Way, Ocoee
FL 32761

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Paul Durost

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

7600 Southland Bv. Suite 106
Orlando, FL 32809

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Paul D Durost
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
NOV 20 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA