

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000090996

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC LYNCH GROUP, LLC

**Current Principal Place of Business:**

1505 W. NEW HAVEN AVE.  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1505 W. NEW HAVEN AVE.  
MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 01-0931805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCH, ELENA  
1505 W. NEW HAVEN AVE.  
MELBOURNE, FL 32904 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: ELENA LYNCH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LYNCH, MICHAEL S  
**Address:** 1505 W. NEW HAVEN AVE.  
**City-St-Zip:** MELBOURNE, FL 32904 US

**Title:** MGRM  
**Name:** LYNCH, ELENA M  
**Address:** 1505 W. NEW HAVEN AVE.  
**City-St-Zip:** MELBOURNE, FL 32904 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: MICHAEL LYNCH

MGMR

09/30/2010

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