

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000096309

Entity Name: ATM METABOLICS, LLC

FILED  
Jan 07, 2011  
Secretary of State

**Current Principal Place of Business:**

6039 CYPRESS GARDENS BLVD.  
238  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD.  
238  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 42-1746963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAMMONS, ROBERT O  
1556 SIXTH STREET SE  
WINTER HAVEN, FL 338804509 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: MGR  
Name: THOMPSON, DARYL  
Address: 6039 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR  
Name: AHRENS, MILTON JOSEPH  
Address: 6039 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR  
Name: DIBENEDETTO, TOM  
Address: 6039 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR  
Name: MACHAN, DOMINIC  
Address: 6039 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

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: LYNNETTE PALEVODA

ASST

01/07/2011

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