

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041743

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ATLANTIS RESTAURANT VENTURES LLC

**Current Principal Place of Business:**

ATTN: CORRINE O'BRIEN #15019  
1631 HARVEY STREET SE  
JEFFERSON, OR 973529646 US

**New Principal Place of Business:**

2770 UNIVERSITY SQUARE DRIVE  
GAINESVILLE, FL 66312 US

**Current Mailing Address:**

CORRINE O'BRIEN #15019  
P.O. BOX 190  
JEFFERSON, OR 973520190

**New Mailing Address:**

3850 NW 16TH PLACE  
GAINESVILLE, FL 32605 US

**FEI Number:** 27-4608232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

USA-RA LLC  
841 PRUDENTIAL DRIVE  
12TH FLOOR  
JACKSONVILLE, FL 32207 US

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

HIPPLER, CHANCE  
3850 NW 16TH PLACE  
GAINESVILLE, FL 32605 US

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: CHANCE HIPPLER

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOE, O'BRIEN  
Address: 2770 UNIVERSITY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 33612 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: JOE O'BRIEN

MGR

04/11/2012

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