

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063316

Entity Name: ATLANTIC SUBS, LLC

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

158 MERION  
ST. SIMONS ISLAND, GA 31522

**New Principal Place of Business:**

**Current Mailing Address:**

158 MERION  
ST. SIMONS ISLAND, GA 31522

**New Mailing Address:**

FEI Number: 27-3119729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITE, COLLEEN A ESQUIRE  
1168 1ST AVE. NORTH  
JACKSONVILLE BEACH, FL 32250 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: SHEFFIELD, PHILIP W II  
Address: 158 MERION  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

Title: MGR  
Name: SHEFFIELD, P. WAYNE SR  
Address: 104 TALAH I ISLAND LANE  
City-St-Zip: BRUNSWICK, GA 31520

Title: MGR  
Name: SHEFFIELD, ELLEN C  
Address: 158 MERION  
City-St-Zip: ST. SIMONS ISLAND, GA 31522

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: PHILIP W. SHEFFIELD II

PART

03/02/2012

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