

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104908

**Entity Name:** ATLAS SOLUTIONS GROUP LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

224 NW ORIDLE WAY  
GREENVILLE, FL 32331

**New Principal Place of Business:**

224 NW ORIOLE WAY  
GREENVILLE, FL 32331

**Current Mailing Address:**

224 NW ORIDLE WAY  
GREENVILLE, FL 32331

**New Mailing Address:**

224 NW ORIOLE WAY  
GREENVILLE, FL 32331

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

KINNEY, ROBIN  
224 NW ORIDLE WAY  
GREENVILLE, FL 32331 US

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

KINNEY, ROBIN  
224 NW ORIOLE WAY  
GREENVILLE, FL 32331 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:

Electronic Signature of Registered Agent

04/12/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KINNEY, ROBIN  
Address: 224 NW ORIOLE WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: MGRM  
Name: KINNEY, FRANCIS  
Address: 224 NW ORIOLE WAY  
City-St-Zip: GREENVILLE, FL 32331

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: ROBIN KINNEY

MGR

04/12/2011

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