

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108255

Entity Name: ATLANTIC # 203, L.L.C.

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

**Current Principal Place of Business:**

5660 NW 108 TERRACE  
CORAL SPRINGS,, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

5660 NW 108 TERRACE  
CORAL SPRINGS,, FL 33076 US

**New Mailing Address:**

FEI Number: 27-3742578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRES, GEORGINA  
5660 NW 108 TERRACE  
CORAL SPRINGS,, FL 33076 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: MGRM  
Name: TORRES, ALFREDO R  
Address: 5660 NW 108 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM  
Name: TORRES, ORALIA E  
Address: 5660 NW 108 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGR  
Name: TORRES, GEORGINA  
Address: 5660 NW 108 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076 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: GEORGINA TORRES

MRG

04/11/2012

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