

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001273

1. Entity Name

ATLANTIS MARES, L.C.



Principal Place of Business

190 ATLANTIS BLVD.
ATLANTIS FL 33462

Mailing Address

190 ATLANTIS BLVD.
ATLANTIS FL 33462



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0903751

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINTZ, PAUL C
190 ATLANTIS BLVD.
ATLANTIS FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KINTZ, PAUL C
STREET ADDRESS 190 ATLANTIS BLVD.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME 000000853666
STREET ADDRESS 03/26/08-80077-020 138.75
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SCHANDELMAYER, KATHERINE
STREET ADDRESS 190 ATLANTIS BLVD.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KINTZ, JULIE
STREET ADDRESS 190 ATLANTIS BLVD.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME LECKRONE, LESLIE
STREET ADDRESS 190 ATLANTIS BLVD.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KINTZ, CHRISTOPHER
STREET ADDRESS 190 ATLANTIS BLVD.
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KINTZ, JAMES P
STREET ADDRESS 101 GLENBROOK OT
CITY-ST-ZIP ATLANTIS FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #