## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001273

Entity Name: ATLANTIS MARES, L.C.

ATLANTIS, FL 33462

City-St-Zip:

FILED Feb 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 190 ATLANTIS BLVD. ATLANTIS, FL 33462 **Current Mailing Address: New Mailing Address:** 190 ATLANTIS BLVD ATLANTIS, FL 33462 FEI Number: 65-0903751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KINTZ, PAUL C 190 ATLANTIS BLVD. ATLANTIS, FL 33462 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 Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete KINTZ, PAUL C Name: Name: 190 ATLANTIS BLVD. Address: Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition SCHANDELMAYER, KATHERINE Name: Name: Address: 190 ATLANTIS BLVD. Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KINTZ, JULIE Name: Name: Address: 190 ATLANTIS BLVD. Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition Name: LECKRONE, LESLIE Name: Address: 190 ATLANTIS BLVD. Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition KINTZ, CHRISTOPHER Name: Name: 190 ATLANTIS BLVD. Address: Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition KINTZ JAMES P Name: Name: Address: 101 GLENBROOK OT Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: PAUL KINTZ MGR 02/23/2009