

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90076 037 ***138.75

DOCUMENT # M01000000931

1. Entity Name
ATM USA, LLC



Principal Place of Business
2200 GATEWAY CENTRE BLVD STE 220
RALEIGH, NC 27607

Mailing Address
2200 GATEWAY CENTRE BLVD STE 220
RALEIGH, NC 27607

60008892



01242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2097095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WHITE, BRIAN W
STREET ADDRESS 2200 GATEWAY CTR BLVD STE 220
CITY-ST-ZIP MORRISVILLE, NC 27560

TITLE MGR
NAME LANCASTER, MITCHELL O
STREET ADDRESS 2200 GATEWAY CTR BLVD STE 220
CITY-ST-ZIP MORRISVILLE, NC 27560

TITLE MGR
NAME LANCASTER, HAZE
STREET ADDRESS 2200 GATEWAY CTR BLVD STE 220
CITY-ST-ZIP MORRISVILLE, NC 27560

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Brian White

2-14-08

919-469-5856