

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90328 024 \*\*\*\*50.00

**DOCUMENT # M03000000295**

1. Entity Name  
**ATLANTIC SERVICE & SUPPLY LLC**



Principal Place of Business  
**6525 BAKER BLVD  
FORT WORTH, TX 76118**

Mailing Address  
**C/O WATSCO, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 901  
COCONUT GROVE, FL 33133**

**60047153**



04232007 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0845711**

Applied For  
Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LOGAN, BARRY S  
2665 SOUTH BAYSHORE DRIVE, SUITE 901  
COCONUT GROVE, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
CLAY MELTON  
6525 BAKER BLVD  
FORT WORTH TX 76118** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MENENDEZ, ANA  
2665 SOUTH BAYSHORE DRIVE, SUITE 901  
COCONUT GROVE, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP, SECRETARY  
BARRY S. LOGAN  
2665 S. BAYSHORE DRIVE #901  
COCONUT GROVE, FL 33133** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP & ASST SECRETARY  
ANA M. MENENDEZ  
2665 S. BAYSHORE DRIVE #901  
COCONUT GROVE, FL 33133** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP & TREASURER  
E. FORREST CAMPBELL  
6525 BAKER BLVD  
FORT WORTH, TX 76118** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KENBIAN A. NG  
2151 W. HILLSBORO BLVD, SUITE 400  
DEERFIELD BEACH, FL 33442** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST TREASURER  
EFY DISTEFANO  
2665 S BAYSHORE DRIVE #901  
COCONUT GROVE, FL 33133** ☐ Change ☒ Addition

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:**

*Efy Di Stefano*

**EFY DISTEFANO**

**4/23/07**

**(305) 714-4100**

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

Date

Daytime Phone #