

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000183

Entity Name: THE ATM KING, LLC

FILED
Sep 05, 2005
Secretary of State

Current Principal Place of Business:

5351 ORCHARD CT. SO.
FT BELVOIR, VA 22060

New Principal Place of Business:

4821 CAVALLO WAY
WOODBIDGE, VA 22192

Current Mailing Address:

5351 ORCHARD CT. SO.
FT BELVOIR, VA 22060

New Mailing Address:

4821 CAVALLO WAY
WOODBIDGE, VA 22192

FEI Number: 54-2025165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Title: MGR () Delete
Name: GRIFFITHS, MICHAEL SR
Address: 5351 ORCHARD CT. SO.
City-St-Zip: FT BELVOIR, VA 22060

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRIFFITHS, MICHAEL SR
Address: 4821 CAVALLO WAY
City-St-Zip: WOODBRIDGE, VA 22192

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MICHAEL D. GRIFFITHS SR

MGR

09/05/2005

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