

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # M04000001559

1. Entity Name
OVERDRAFT, LLC



Principal Place of Business

**3300 CUMBERLAND BOULEVARD
SUITE 400
ATLANTA, GA 30339**

Mailing Address

**3300 CUMBERLAND BOULEVARD
SUITE 400
ATLANTA, GA 30339**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1024135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHERMAN, LAURA R
4010 BOY SCOUT ROAD, SUITE 200
C/O APOGEE FAMILY OFFICE, LLC
TAMPA, FL 33607**

**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	WALLACE, JAMES C JR
STREET ADDRESS	5370 OAKDALE RD
CITY-ST-ZIP	SMYRNA, GA 30082
TITLE	MGR
NAME	WALLACE, JAMES C III
STREET ADDRESS	5370 OAKDALE RD
CITY-ST-ZIP	SMYRNA, GA 30082
TITLE	MGR
NAME	TEEL, GORDON R
STREET ADDRESS	3300 CUMBERLAND BLVD STE 400
CITY-ST-ZIP	ATLANTA, GA 30339
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 #

1-8-08

404-419-7110