2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000001101

1. Entity Name
ATLANTIC HOSPITALITY SUPPLY, L.L.C.

Principal Place of Business
256 HEIN DRIVE
GARNER, NC 27529

Mailing Address
256 HEIN DRIVE
GARNER, NC 27529

04022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2251158 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANKOE, BROOKE
C/O ATLANTIC HOSPITALITY SUPPLY
609 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HINTON, MIKE
STREET ADDRESS	256 HEIN DRIVE
CITY-ST-ZIP	GARNER, NC 27529
TITLE	MGR
NAME	WEBB, RALPH
STREET ADDRESS	256 HEIN DRIVE
CITY-ST-ZIP	GARNER, NC 27529
TITLE	MGR
NAME	O'BRIEN, PHIL
STREET ADDRESS	609 EAST ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80003-010 50.00

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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] Controller 4-13-07 919-771-2444 X105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #