

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001101

FILED
Jul 17, 2008
Secretary of State

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

Current Principal Place of Business:

256 HEIN DRIVE
GARNER, NC 27529

New Principal Place of Business:

Current Mailing Address:

256 HEIN DRIVE
GARNER, NC 27529

New Mailing Address:

FEI Number: 56-2251158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SANKOE, BROOKE
C/O ATLANTIC HOSPITALITY SUPPLY
609 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060 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: HINTON, MIKE
Address: 256 HEIN DRIVE
City-St-Zip: GARNER, NC 27529

Title: MGR () Delete
Name: WEBB, RALPH
Address: 256 HEIN DRIVE
City-St-Zip: GARNER, NC 27529

Title: MGR (X) Delete
Name: O'BRIEN, PHIL
Address: 609 EAST ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MIKE HINTON

MGR

07/17/2008

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