

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000007081

1. Entity Name

ATLAS TRAFFIC MANAGEMENT SYSTEMS LLC



Principal Place of Business

848 BRICKELL AVE., SUITE 1010
MIAMI, FL 33131

Mailing Address

2801 S 46TH AVENUE
FT. LAUDERDALE, FL 33314



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0638742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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	MGRM
NAME	NORDARSE-LEON, ANDRO
STREET ADDRESS	848 BRICKELL AVE., SUITE 1010
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	MAYER, BENJAMIN G
STREET ADDRESS	848 BRICKELL AVE., SUITE 1010
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000917141
05/13/08-80028-008 138.75

**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

4/21/08

Date

954 587 1700

Daytime Phone #