

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000006693

**Entity Name:** ATLB, LLC

**Current Principal Place of Business:**

504 MISTY OAKS RUN  
CASSELBERRY, FL 32707

**Current Mailing Address:**

P.O. BOX 180872  
CASSELBERRY, FL 32718 US

**FEI Number:** 77-0668795

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VALLEJO, SANDRA  
504 MISTY OAKS RUN  
CASSELBERRY, FL 32707 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

**Authorized Person(s) Detail :**

Title MGRM  
Name VALLEJO, SANDRA  
Address P.O. BOX 180872  
City-State-Zip: CASSELBERRY FL 32718

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA VALLEJO

MGRM

02/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date