

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115938

**Entity Name:** ATA MARTIAL ARTS ACADEMY, LLC

**Current Principal Place of Business:**

200 RACETRACK ROAD NE  
FT. WALTON BCH., FL 32547

**Current Mailing Address:**

P.O. BOX 1062  
SHALIMAR, FL 32579

**FEI Number:** 45-3188028

**Certificate of Status Desired:** No

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

BAIROS, UNCHONG C  
200 RACETRACK ROAD NE  
FT. WALTON BCH., FL 32547 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 BAIROS, UNCHONG C  
Address 200 RACETRACK ROAD NE  
City-State-Zip: FT. WALTON BCH. FL 32547

Title MGRM  
Name BAIROS, SHONNA C  
Address 200 RACETRACK ROAD NE  
City-State-Zip: FT. WALTON BCH. FL 32547

Title MGRM  
Name BAIROS, ADAM C  
Address 200 RACETRACK ROAD NE  
City-State-Zip: FT. WALTON BCH. FL 32547

*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:** UNCHONG BAIROS

MGRM

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date