

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071948

**Entity Name:** ATHOMISA LLC

**Current Principal Place of Business:**

10225 ULMERTON ROAD  
SUITE 9C  
LARGO, FL 33771

**Current Mailing Address:**

PO BOX 1612  
LARGO, FL 33779 US

**FEI Number:** 47-3816774

**Certificate of Status Desired:** No

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

GARNIER, OLIVIER  
10225 ULMERTON ROAD  
SUITE 9C  
LARGO, FL 33771 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	MANAGER
Name	COUSIN, ISABELLE
Address	10225 ULMERTON ROAD SUITE 9C
City-State-Zip:	LARGO FL 33771
Title	AUTHORIZED MEMBER
Name	MEYER, ANTOINE PIERRE- EMMANUEL SR.
Address	10225 ULMERTON ROAD SUITE 9C
City-State-Zip:	LARGO FL 33771

Title	AUTHORIZED MEMBER
Name	MEYER, THOMAS PIERRE-ETIENNE SR.
Address	10225 ULMERTON ROAD SUITE 9C
City-State-Zip:	LARGO FL 33771

*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:** COUSIN , ISABELLE

**MANAGER**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date