

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000247844

**FILED**  
**Jun 23, 2020**  
**Secretary of State**  
**6762318757CC**

**Entity Name:** ATLAS HOA MANAGEMENT LLC

**Current Principal Place of Business:**

4905 BELLTHORNE DRIVE  
ORLANDO, FL 32837

**Current Mailing Address:**

509 HIGHLAND MEADOWS STREET  
DAVENPORT, FL 33837 US

**FEI Number:** 84-3500317

**Certificate of Status Desired:** No

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

BETANCOURT, GUSTAVO  
4905 BELLTHORNE DRIVE  
ORLANDO, FL 32837 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 MGR  
Name BETANCOURT, GUSTAVO  
Address 4905 BELLTHORNE DRIVE  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name BELLIVEAU, JANE L  
Address 437 HIGHLAND MEADOWS STREET  
City-State-Zip: DAVENPORT FL 33837

Title MGR  
Name BETANCOURT, LUZ A  
Address 509 HIGHLAND MEADOWS STREET  
City-State-Zip: DAVENPORT FL 33837

*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:** JANE L BELLIVEAU

**MGR**

**06/23/2020**

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

\_\_\_\_\_  
Date