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DOCU		0000003281	,	
ADVANCED DATABASE TECHNOLOGIES LLC				FILED
<u> </u>				01 FEB 16 AM 9: 26
Principal Place of Business 4550 47TH ST. WEST SUITE 503 BRADENTON FL 34210		Mailing Address 4550 47TH ST. WEST SUITE 503 BRADENTON FL 34210		SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent
00111110	ALE SIMPLE	en en en en en en	Name -	n de la company de la comp La company de la company de
SCHIAVONE, EUGENE 4550 47TH ST. WEST		-	Street Address	s (P.O. Box Number is Not Acceptable)
SUITE 50		.		
BRADENT	FON FL 34210		City	FL Zip Code
8. The above	named entity submits this state	ment for the purpose of changing i	its registered office or regist	ered agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of register	ed agent and title if applicable (Ni	OTE: Registered Agent signature requir	red when reinstating) DATE
	Signatura, types of printed rearies in register	ou again and into it appreciatio.	O) E. Hogistol du Agent digitation o requir	55 marrangang)
		I	NOW!!! FEE IS \$50.00 Payable to Department)
				<u> </u>
9.	MANAGING	MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHIAVONE, EUGENE 4550 47TH ST. WEST BRADENTON FL 34210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	DIVIDENTIAL OFFICE	<u> П'оли</u>		Change Addition
TITLE NAME STREET ADDRESS		∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP	100003745号钟¶- ^{QA} 哟 -02/21/0101084017 ******55.00 ******\$5.00
CITY-ST-ZIP TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP 11. I hereby c indicated limited lial	pertify that the information supplied on this report is true and accurate billity company or the receiver of	ed with this filing does not qualify ite and that my signature shall bay trustee empowered to execute this	CITY-ST-ZIP for the exemption stated in See the same legal effect as if is report as required by Cha	
SIGNAT	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING MANAGING MEMBER, M	MANAGER, OR AUTHORIZED HEPRES	/4 FEB, 2001 941-795-7277 SENTATIVE Date Daylime Phone *