

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007763

1. Entity Name
A.D.K.O.S., L.L.C.



FILED

2003 OCT 23 AM 9:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
503196900706

07/11/03 90026 037 \$50.00
X CHECK HERE IF MAKING CHANGES

Principal Place of Business 866 HYACINTH COURT MARCO ISLAND FL 34145		Mailing Address 866 HYACINTH COURT MARCO ISLAND FL 34145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 81-055 3511	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES FL 34105**

7. Name and Address of New Registered Agent
Name **Peter G. BAKER**
Street Address (P.O. Box Number is Not Acceptable)
866 Hyacinth Ct.
City **Marco Island** FL Zip Code **34145**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, PETER G 866 HYACINTH COURT MARCO ISLAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COREY, DAVID 1135 SOUTH STREAM ROAD BENNINGTON VT 05201 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2003

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Peter G. BAKER 7-8-03 239-544-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

A DIFFERENT KIND OF STORAGE



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2003 OCT 23 AM 9:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10-21-03

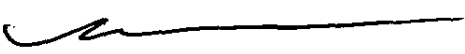
FLORIDA DEPT. OF STATE

Dear Sir,

I received the enclosed form and called your office to straighten it out. I was directed to write and explain the following: I did returned your original form with the payment on 7/8/03. You have cashed the check and it has cleared the bank. It appears the il didn't fill in the FEI number and you sent me a request to do it. I never received the request and than received the application for reinstatement. Could you please accept the FEI number I filled in and reinstate me without penalty.

Thanking you in advance.

Sincerely Yours,


Peter G Baker