

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094251

**FILED
Feb 18, 2009
Secretary of State**

Entity Name: ADK, LLC

Current Principal Place of Business:

1111 RIVERBEND DR.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

1111 RIVERBEND DR.
LABELLE, FL 33935

New Mailing Address:

FEI Number: 20-5649338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AKIN, KIMBERLY ANN
1111 RIVERBEND DR.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AKIN, KIMBERLY ANN
Address: 1111 RIVERBEND DR.
City-St-Zip: LABELLE, FL 33935

Title: MGRE () Delete
Name: AKIN, ANN K
Address: 71 N. ELM STREET.
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Delete
Name: AKIN, DANIEL W
Address: 71 N. ELM STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KIMBERLY ANN AKIN MGR 02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date