

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115490

Entity Name: ADS-QUAYSIDE LLC

FILED  
Mar 21, 2009  
Secretary of State

## Current Principal Place of Business:

155 DONNA CT.  
PUNTA GORDE, FL 33950

## New Principal Place of Business:

155 DONNA CT.  
PUNTA GORDA, FL 33950

## Current Mailing Address:

155 DONNA CT.  
PUNTA GORDE, FL 33950

## New Mailing Address:

155 DONNA CT.  
PUNTA GORDA, FL 33950

FEI Number: 26-3949004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SNOKE, ANDREW D JR  
155 DONNA CT.  
PUNTA GORDE, FL 33950 US

## Name and Address of New Registered Agent:

SNOKE, ANDREW D JR  
155 DONNA CT.  
PUNTA GORDA, FL 33950 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:

03/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SNOKE, ANDREW D JR  
Address: 155 DONNA CT.  
City-St-Zip: PUNTA GORDE, FL 33950

Title: MGR ( ) Delete  
Name: SNOKE, DIANE  
Address: 155 DONNA CT.  
City-St-Zip: PUNTA GORDE, FL 33950

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SNOKE, ANDREW D JR  
Address: 155 DONNA CT.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR (X) Change ( ) Addition  
Name: SNOKE, DIANE  
Address: 155 DONNA CT.  
City-St-Zip: PUNTA GORDA, FL 33950

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: DIANE SNOKE

MGR

03/21/2009

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