
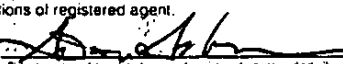
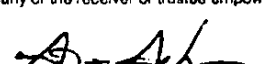


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAY 19 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000123315			
1. Entity Name ADA MAINTENANCE & CONSULTING LLC			
Principal Place of Business 1215 12TH COURT NE WINTER HAVEN, FL 33881		Mailing Address 1215 12TH COURT NE WINTER HAVEN, FL 33881	
2. Principal Place of Business - No P.O. Box # 1215 12TH COURT NE		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, FL		City & State SAME	
Zip 33881		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMBROSE, ARDEN 1215 12TH COURT NE WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name: ARDEN D. AMBROSE Street Address (P.O. Box Number is Not Acceptable) 1215 12TH COURT NE City: WINTER HAVEN FL Zip Code: 33881	
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:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBROSE, ARDEN 1215 12TH COURT NE WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBROSE, ARDEN 1215 12TH COURT NE WINTER HAVEN FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBROSE, ARDEN 1215 12TH COURT NE WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AMBROSE, ARDEN 1215 12TH COURT NE WINTER HAVEN FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arden Ambrose <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Called 5/19 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	only wants his name <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Listed as mgrm <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nc 5/19 <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/14/08 863-294-8985	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	