

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006147

Entity Name: SHIRLEY L. ADAMS LLC

Current Principal Place of Business:

3903 NORTHDAL BLVD
SUITE 100E
TAMPA, FL 33684

Current Mailing Address:

PO BOX 152671
TAMPA, FL 33684-2671 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALHOTRA, CYRUS
3903 NORTHDAL BLVD
SUITE 100E
TAMPA, FL 33684 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ADAMS, SHIRLEY LMD
Address PO BOX 152671
City-State-Zip: TAMPA FL 33684-2671

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY ADAMS

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date