

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024554

Entity Name: S. ADAMS, LLC

Current Principal Place of Business:

405 ERIE AVE
TAMPA, FL 33606

Current Mailing Address:

405 ERIE AVE
TAMPA, FL 33606

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALHOTRA, CYRUS
14907 PRINCEWOOD LANE
LAND O LAKES, FL 34638 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 405 ERIE AVE
City-State-Zip: TAMPA FL 33606

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 MD

MANAGER

04/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date