

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000176900

**Entity Name:** A ADU LLC CORPORATE

**Current Principal Place of Business:**

6423 ROYAL HUNT DR  
APT 104  
TAMPA, FL 33625

**Current Mailing Address:**

PO BOX 270267  
TAMPA, FL 33688

**FEI Number:** 81-3949071

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AKWASI ADU  
6423 ROYAH HUNT DR  
APT 104  
TAMPA, FL 33625 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:** AKWASIADU

02/05/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                          |
|-----------------|-------------------------------|-----------------|--------------------------|
| Title           | OWNER                         | Title           | MANAGER                  |
| Name            | ADU, AKWASI                   | Name            | ADU, AKWASI              |
| Address         | 6423 ROYAL HUNT DR<br>APT 104 | Address         | 6423 ROYA HUNT DR<br>104 |
| City-State-Zip: | TAMPA FL 33625                | City-State-Zip: | TAMPA FL 33625           |

*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:** AKWASI ADU

OWNER

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date