

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000138754

**Entity Name:** 1428 N ADAMS STREET LLC

**Current Principal Place of Business:**

502 CRESTOVER DRIVE  
TAMPA, FL 33617

**Current Mailing Address:**

502 CRESTOVER DRIVE  
TAMPA, FL 33617

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SIMMONS, MARY W  
502 CRESTOVER DRIVE  
TAMPA, FL 33617 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	Title	MGR
Name	SIMMONS, JOSEPH C	Name	SIMMONS, MARY W
Address	502 CRESTOVER DRIVE	Address	502 CRESTOVER DRIVE
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617

*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:** MARY W SIMMONS

**MEMBER**

**04/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date