## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000255298 Entity Name: ADMAMA, LLC

**Current Principal Place of Business:** 

4131 SW 55TH AVE DAVIE, FL 33314

**Current Mailing Address:** 

4131 SW 55TH AVE DAVIE. FL 33314 US

FEI Number: 84-3540448 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLESE, ADAM 4131 SW 55TH AVE DAVIE, FL 33314 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

Date

**FILED** Feb 01, 2024

**Secretary of State** 

0139746186CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name PLESE, ADAM

Address 4131 SW 55TH AVE

City-State-Zip: DAVIE FL 33314

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.

02/01/2024 SIGNATURE: ADAM PLESE **AMBR**