

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90168 030 ****50.00

DOCUMENT #

1. Entity Name

ADC II, LLC

DO NOT WRITE IN THIS SPACE

80049613

2. Principal Place of Business
15436 N. FLORIDA AVE

3. Mailing Address
15436 N. FLORIDA AVE

Suite, Apt. #, etc.
STE 200

Suite, Apt. #, etc.
STE 200

City & State
TAMPA FL

City & State
STE 200

Zip
33613

Country

Zip
33613

Country

4. FEI Number
59-3690798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THOMAS H. GRAY

Street Address (P.O. Box Number is Not Acceptable)
15436 N. FLORIDA AVE STE 200

City
TAMPA

FL

Zip Code
33613

8. 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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

John Robert Sierra, Jr.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
John Robert Sierra, Jr.
15436 N. FLORIDA AVE #200

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Tampa, FL 33613

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/14/02

813-963-5856

CR2E083B (12/01)