## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Feb 02, 2004 8:00 am **DOCUMENT # L00000016349 Secretary of State** 1. Entity Name 02-02-2004 90208 002 \*\*\*\*50.00 ADC II, LLC Principal Place of Business Mailing Address 15436 N. FLORIDA AVE PO BOX 270603 24005033 **STE 200 TAMPA, FL 33688 TAMPA, FL 33613** 2. Principal Place of Business 509 GUISANDO DE AVILA 01202004 Chq-LLC CR2E083 (10/03) 509 GUISANDO DE AVILA TAMPA, FL 33613 TAMPA, FL 33613 4. FEI Number Applied For 59-3690798 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent tered Agent GRAY, THOMAS H 509 GUISANDO DE AVILA 15436 N. FLORIDA AVE., SUITE 200 TAMPA, FL 33613 TAMPA, FL 33613 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ANGES TITLE MGR ☐ Delete Change ☐ Addition NAME SIERRA, JOHN R JR 509 GUISANDO DE AVILA 15436 N. FL AVE #200 STREET ADDRESS TAMPA, FL 33613 TAMPA, FL 33613 TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee employered to execute this report as required by Chapter 608, Florida Statutes MYOMIS N. GRA 813-963-5856

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