

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90080 033 ****50.00

DOCUMENT # L01000000022

1. Entity Name
ADFAP, LLC



Principal Place of Business
**405 BELVEDERE OVAL
TEMPLE TERRACE FL 33617**

Mailing Address
**405 BELVEDERE OVAL
TEMPLE TERRACE FL 33617**



MOORE CR2E083 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HINES, JAMES P
C/O HINES NORMAN & ASSOCIATES, P.L.
315 S. HYDE PARK AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **PAMELA M. J. DWORNIK**
Street Address (P.O. Box Number is Not Acceptable)
**11314 STRATTON PARK DR.
TEMPLE TERRACE
City FL Zip Code 33617**

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

4-27-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	DWORNIK, JULIAN J PH.D.	
STREET ADDRESS	405 BELVEDERE OVAL	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DWORNIK, PAMELA M.J.	
STREET ADDRESS	11314 STRATTON PARK DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	SECRETARY - TREASURER	<input type="checkbox"/> Delete
NAME	DIANE DWORNIK	
STREET ADDRESS	405 BELVEDERE OVAL	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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 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 #

[Signature]

4/27/04

813-988-0036