

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90065 017 \*\*\*\*50.00

DOCUMENT # L01000008421

1. Entity Name

OLIVA-ADAMO, LLC



**DO NOT WRITE IN THIS SPACE**

20020312

2. Principal Place of Business  
3104 N. Armenia Ave

3. Mailing Address  
P.O. Box 2206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number 59-3725883

Applied For  
Not Applicable

Zip  
33607

Country  
USA

Zip  
33601

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name John E. Oliva Sr

Street Address (P.O. Box Number is Not Acceptable)

3104 N. Armenia Ave.

City Tampa

FL

Zip Code  
33607

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 date if applicable.

1/28/03  
DATE

FEE IS \$50.00

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John E. Oliva Sr. 3104 N. Armenia Ave., Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Angel Oliva Jr. 3104 N. Armenia Ave., Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #

CR2E083B (12/02)