

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 PM 3:41

DOCUMENT # **L01000016794**

1. Entity Name

**Ad Specialists, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2005 W Cypress Creek Rd**

Suite, Apt. #, etc.

**Suite 104**

City & State

**Fort Lauderdale FL**

Zip  
**33301**

Country

**Broward**

3. Mailing Address

**2005 W Cypress Creek Rd**

Suite, Apt. #, etc.

**Suite 104**

City & State

**Fort Lauderdale FL**

Zip

**33301**

Country

**Broward**

4. FEI Number

**651141744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Business Filings Incorporated**

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

**1000 West Avenue**

**Suite 1117**

City

**Miami Beach**

FL

Zip Code

**33139**

**DO NOT WRITE  
IN THIS SPACE**

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

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  
**President  
Sean Potts  
1955 SE 19th Avenue  
Lauderdale By the Sea, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800023664848  
10/09/03--01040--003 \*\*50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Malinda Barrett  
1955 SE 19th Ave  
Lauderdale By the Sea, FL 33062**

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

**Malinda Barrett**

**10-8-03**

Date

Daytime Phone #

**954-5903969**

CR2E083B (12/02)



2 of 2  
1

October 8, 2003

Division Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir/Madam:

Please note the enclosed Uniform Business Report 2003, for our Limited Liability Company, and a check for \$50.00.

Unfortunately we never received notice of the report and came to find that our LLC was not active. Hopefully we will not have this problem in the future. All information and address changes are updated.

Thank you,

  
Malinda Barrett  
Vice President

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