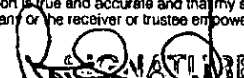


FILED
Feb 21, 2002 8:00 am
Secretary of State

01-11-2002 90011 034 *****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019280				Feb 21, 2002		Secretary	
1. Entity Name ADC LLC				01-11-2002 900			
Principal Place of Business 2122 BUCKINGHAM LANE NAPLES FL 34112		Mailing Address 2122 BUCKINGHAM LANE NAPLES FL 34112		13605  DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number		☐ Applied For ☒ Not Applicable	
				5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DYKES, RODNEY M 2122 BUCKINGHAM LANE NAPLES FL 34112				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES. RODNEY M. DYKES 2122 BUCKINGHAM LANE NAPLES, FL 34112 ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
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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 508, Florida Statutes.							
SIGNATURE:  SIGNATURE REQUIRED 01/07/02 (941) 775-9490							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							