

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008457

DOCUMENT # L01000021083

1. Entity Name

ADKISON ENTERPRISES, L.L.C.



FILED
03 SEP 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

4956 SOUNDSIDE DRIVE
GULF BREEZE FL ~~32501~~
32563

Mailing Address

4956 SOUNDSIDE DRIVE
GULF BREEZE FL ~~32501~~
32563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9/30 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3617814

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

ADKISON, SHANE M.D.
4956 SOUNDSIDE DRIVE
GULF BREEZE FL ~~32501~~ 32563

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ADKISON, DANIEL L
STREET ADDRESS 146 CIRCLE
CITY-ST-ZIP FORSYTH GA 31029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400023450114
CITY-ST-ZIP 09/30/03--01080--003 **50.00

TITLE MGRM ☐ Delete
NAME ADKISON, SHANE
STREET ADDRESS 4956 SOUNDSIDE DRIVE
CITY-ST-ZIP GULF BREEZE FL ~~32501~~ 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Shane Adkison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-17-03

Date

850-934-8810

Daytime Phone #

CR2E083 (4/03)