

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04 MAY 18 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

DOCUMENT # L02000001075

1. Entity Name
ADA'S OF N.Y., L.L.C.



Principal Place of Business
5160 COCONUT CREEK PKWY
MARGATE, FL 33063

Mailing Address
5160 COCONUT CREEK PKWY
MARGATE, FL 33063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
30-0029690

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ADA
6111 NW 33 TERRACE
FORT LAUDERDALE, FL 33309

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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.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGR |
| NAME | PEREZ, ADA |
| STREET ADDRESS | 611 33 TERRACE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 |
| TITLE | MGR |
| NAME | MONTES, INUS |
| STREET ADDRESS | 2265 PAPAYA WAY |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33321 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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Handwritten: \$50.00
Handwritten: [Signature]

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: *Ada Perez*

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

4/30/04

Date

Daytime Phone #