

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 18 PM 2:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000017291

1. Entity Name

ADAK ON COLONIAL, L.L.C.



Principal Place of Business

405 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901

Mailing Address

405 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4/18

☐ CHECK HERE IF MAKING CHANGES

RJH

4. FEI Number

05-0525681

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

DETTMER, DALE A
304 S. HARBOR CITY BLVD., STE. 201
MELBOURNE FL 32901

Name: Deborah Foley

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

405 E. STRAWBRIDGE AVE

City Melbourne

FL

Zip Code 32901

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 of officer or person in control of registered agent and the filer

(NOTE: Registered Agent signature required when replacing)

1/29/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

A. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Deborah A. Foley 405 E. Strawbridge Ave Melbourne, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Fahad Karampour 405 E. Strawbridge Ave Melbourne, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/03

321-952-6457

Date

Daytime Phone #