

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022671

1. Entity Name

ADSHACK, LLC



Principal Place of Business

6971 N. FEDERAL HIGHWAY
SUITE 301
BOCA RATON FL 33487

Mailing Address

6971 N. FEDERAL HIGHWAY
SUITE 301
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0521753

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

MOLL, DOUGLAS R
6971 N. FEDERAL HIGHWAY
SUITE 301
BOCA RATON FL 33487

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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MOLL, DOUGLAS R
STREET ADDRESS 6971 N. FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☐ Addition
U00000067575
02/27/04-80004-015 50.00

TITLE MGR ☐ Delete
NAME NGUYEN, TUSAN T
STREET ADDRESS 6971 N. FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME COHEN-MOLL, DEBBIE L
STREET ADDRESS 6971 N. FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME HEFLIN, SHERRI S
STREET ADDRESS 6971 N. FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33487

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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: *Debbie L. Cohen-Moll* *Debbie L. Cohen-Moll* *2/24/04* *561-862-0815*