

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 017 ****50.00

DOCUMENT # L02000032941

1. Entity Name

ADCL, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7994 Royal Birchdale Cir

Suite, Apt. #, etc.

3. Mailing Address

7994 Royal Birchdale Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

56-2306526

Applied For

Not Applicable

Zip

34202

Country

MANATEE

Zip

34202

Country

MANATEE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CHARLES P. SACHER, P.A.

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

2655 LEJEUNE RD, SUITE 1101

City

CORAL GABLES, FL

FL

Zip Code

33134

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

MEMBER

ANTHONY DIMARCO

STREET ADDRESS

7994 Royal Birchdale Cir

CITY-ST-ZIP

BRADENTON, FL 34202

TITLE

NAME

MEMBER

CHARLES LERSCH

STREET ADDRESS

1115 PINE LILLY PL

CITY-ST-ZIP

BRADENTON FL 34202

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Anthony J. Dimarco

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

Date

3/2/03

Daytime Phone #

(941) 737-5866

CR2E083B (12/02)