

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003722

1. Entity Name
56 ADAMO, LLC.



FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 050 ****50.00

Principal Place of Business
P.O. BOX 1008
TAMPA, FL 33601 10

Mailing Address
P.O. BOX 1008
TAMPA, FL 33601 US



2. Principal Place of Business

3. Mailing Address

02232005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

PORTO, CURRAN K
4044 N. ARMENIA AVE
TAMPA, FL 33607

Name

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

1103 MARBELLA PLAZA DRIVE

City

TAMPA

FL

Zip Code

33619

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 reissuing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KING, RODGER B
P.O. BOX 1008
TAMPA, FL 33601 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/05 (813) 254-5464
Date Daytime Phone #