

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012476

Entity Name: ADAMS CASSIDY, LLC

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

250 AVE K SW
SUITE 103
WINTER HAVEN, FL 33880

Current Mailing Address:

250 AVE K SW
SUITE 103
WINTER HAVEN, FL 33880

New Principal Place of Business:

3020 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803

New Mailing Address:

3020 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803

FEI Number: 51-0498406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDY, ALBERT B
250 AVE K SW
SUITE 103
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

CASSIDY, ALBERT B
250 AVENUE K SOUTHWEST
SUITE 103
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: ALBERT B. CASSIDY

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIGHLAND EQUITIES, INC.
Address: 3020 S FLORIDA AVE STE 101
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: CASSIDY PROPERTIES, INC.
Address: 250 AVE K SW SUITE 103
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT B. CASSIDY/CASSIDY PROPERTIES, INC

MGRM

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date