

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000026917

1. Entity Name
ADAMATMAR, LLC



Principal Place of Business
5306 PAYLOR LN
SARASOTA, FL 34240

Mailing Address
5306 PAYLOR LN
SARASOTA, FL 34240

FILED
07 SEP 13 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
13-4278220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVE
10TH FLOOR
SARASOTA, FL 34236

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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

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MONTGOMERY, MICHAEL
5306 PAYLOR LN
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9/14

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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09/20/07--01027--009 **400.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

09/05/07 741-914-3755

Date

Daytime Phone #