

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057562

Entity Name: ADS RENTALS & MGMT., LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

9220 NUGENT TRAIL  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

9220 NUGENT TRAIL  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 20-1445180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, ROBERT D  
590 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SURIAGA, CECILIA  
Address: 1373 STONEHAVEN ESTATES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM ( ) Delete  
Name: SURIAGA, ARMIEL  
Address: 1373 STONEHAVEN ESTATES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SURIAGA, CECILIA  
Address: 9220 NUGENT TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM (X) Change ( ) Addition  
Name: SURIAGA, ARMIEL  
Address: 9220 NUGENT TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33411

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: CECILIA SURIAGA

MGRM

04/30/2007

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