

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006147

Entity Name: SHIRLEY L. ADAMS LLC

**FILED**  
**Jul 29, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

74 BAHAMA CIRCLE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

74 BAHAMA CIRCLE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 20-2183868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FOWLER WHITE BOGGS BANKER P.A.  
C/O GREGORY A. RICHARDS, JR.  
501 EAST KENNEDY BOULEVARD, SUITE 1700  
TAMPA, FL 33602 US

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

MALHOTRA, CYRUS  
15100 HUTCHISON ROAD  
SUITE 101  
TAMPA, FL 33625 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: CYRUS MALHOTRA

07/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS      ( ) Delete  
Name: ADAMS, SHIRLEY L MEMBER  
Address: 74 BAHAMA CIRCLE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: ADAMS, BRUCE H  
Address: 405 ERIE AVE  
City-St-Zip: TAMPA, FL 33625

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: CYRUS MALHOTRA

AI

07/29/2009

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