

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048276

Entity Name: ADK ENTERPRISES LLC

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

3780 TAMPA RD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3780 TAMPA RD
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-2878150 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:

OTENBERGER, JEAN
3780 TAMPA RD
OLDSMAR, FL 34677 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: OTENBERGER, JEAN
Address: 1492 COASTAL PL
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: MCKINNEY, JOHN
Address: 1938 FOREST VIEW
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: MCKINNEY, SUZANNE
Address: 1938 FOREST VIEW
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

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

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: JEAN OTENBERGER

MGMR

07/07/2008

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