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Sep 01, 2006 8:00 am
Secretary of State
07-11-2006 90120 007 ****50.00

7/11

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000067004

1. Entity Name
ADOKA, LLC

30013094

Principal Place of Business	Mailing Address
DONNA KELLEY 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080	DONNA KELLEY 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-455 7319 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, DONNA
116 GRAND OAKS DRIVE
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KELLEY, DONNA 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080 MgRm ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Partner Alligood, Judy S. 3942 A1A South MgRm St Aug FL 32080 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Partner Dukes, Robert N. MgRm 3942 A1A South St. Aug. FL 32080 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Judy S. Alligood 7/6/06 904-471-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

Lynda Sexton Sanders CPA, PA 30013094

6110 SR 207
ELKTON, FL 32033

Phone: 904-692-~~1655~~ 1250
FAX: 904-692-~~1657~~ 1280

August 29, 2006

Florida Dept. of State
P O Box 6478
Tallahassee, FL 32314

RE: ADOKA, LLC
L05000067004

Dear Sir or Madam:

The 2006 Limited Liability Annual Report has been returned twice.

You have sent a form letter requesting a title of each manager, managing member or principle listed on the report. Each member is a managing member; there are no other titles.

Please file this return as listed.

Sincerely,

Lynda Sanders

Lynda S. Sanders