

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90274 045 ****50.00

DOCUMENT # L05000068091

1. Entity Name
ADK SERVICES, LLC



Principal Place of Business
**7009 VALRIE LANE
RIVERVIEW, FL 33569 US**

Mailing Address
**PO BOX 2720
RIVERVIEW, FL 33568 US**



01212007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIBSON, JOHN S
7009 VALRIE LANE
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GIBSON, JOHN S
7009 VALRIE LANE
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: John S. Gibson **John S. Gibson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/12/07 813-270-0231
Date Daytime Phone #