

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008077

FILED
Jul 07, 2008
Secretary of State

Entity Name: ADAM VORHIS ESQ. LLC

Current Principal Place of Business:

20 W. UNIVERSITY AVE
SUITE 202
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

20 W. UNIVERSITY AVE
SUITE 202
GAINESVILLE, FL 32601

New Mailing Address:

P.O. BOX 1289
GAINESVILLE, FL 32602

FEI Number: 20-4118189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VORHIS, ADAM
20 W. UNIVERSITY AVE., SUITE 202
GAINESVILLE, FL 32601 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: MGR () Delete
Name: VORHIS, ADAM
Address: 20 W. UNIVERSITY AVE, SUITE 202
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: SILVERMAN, JOSHUA
Address: 20 W. UNIVERSITY AVE, SUITE 202
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VORHIS, ADAM
Address: P.O. BOX 1289
City-St-Zip: GAINESVILLE, FL 32602

Title: MGR (X) Change () Addition
Name: SILVERMAN, JOSHUA
Address: P.O. BOX 1289
City-St-Zip: GAINESVILLE, FL 32602

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: ADAM VORHIS

MGR

07/07/2008

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