

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90338 010 *****50.00

DOCUMENT # L06000017409 1. Entity Name ADK, LLC.	
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Principal Place of Business 12020 STONE CROSSING CIRCLE TAMPA, FL 33635	Mailing Address 12020 STONE CROSSING CIRCLE TAMPA, FL 33635
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4376842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DRAGONAS - (A.D.) please correct spelling
DRAGONOS, ANTONIOS
12020 STONE CROSSING CIRCLE
TAMPA, FL 33635

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
	MGRM DRAGONOS, ANTONIOS	<input type="checkbox"/>
STREET ADDRESS	12020 STONE CROSSING CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33635	

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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.

4-12-07 ANTONIOS DRAGONOS - DRAGONAS, please correct spelling
MANAGING MEMBER (A.D.) (917) 299-1550

SIGNATURE: Antonios Dragonos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #