

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024345

Entity Name: ADMIRAL SUPPLY, LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

2151 W. HILLSBORO BLVD., SUITE 211
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

2151 W. HILLSBORO BLVD., SUITE 211
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 37-1474325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUBIN, BARRY I
5641 SW 4TH COURT
PLANTATION, FL 33317 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: KATZ, RONALD
Address: 2151 W. HILLSBORO BLVD., SUITE 211
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: RUBIN, BARRY I
Address: 5641 SW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: RUBIN, MARLENE
Address: 5641 SW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: RUBIN, MARLENE
Address: 5641 SW 4TH COURT
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY I. RUBIN

MP

01/24/2007

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