

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004812

FILED
Apr 26, 2008
Secretary of State

Entity Name: ADB FLORIDA CONTRACTORS, LLC.

Current Principal Place of Business:

3201 SW PORPOISE CIRCLE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3201 SW PORPOISE CIRCLE
STUART, FL 34997

New Mailing Address:

FEI Number: 20-8223283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

DE BARROS, ALBERTO MEMBER
3201 SW PORPOISE CIRCLE
STUART, FL 34997 US

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: ALBERTO DE BARROS

04/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE BARROS, ALBERTO
Address: 3201 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: DE BARROS FERREIRA, ALBERTO
Address: 3201 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE BARROS, ALBERTO A
Address: 3201 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

Title: MEMB (X) Change () Addition
Name: CHACON, MARIA F
Address: 3201 SW PORPOISE CIRCLE
City-St-Zip: STUART, FL 34997

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: ALBERTO DE BARROS

MBR

04/26/2008

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