

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90117 049 ***138.75

DOCUMENT # L07000024993

1. Entity Name
ANA ADAMS PHOTOGRAPHY, LLC



Principal Place of Business
3125 S.W. MIAMI CT
MIAMI, FL 33129 US

Mailing Address
3125 S.W. MIAMI CT
MIAMI, FL 33129 US

60002626



2. Principal Place of Business - No P.O. Box #
1660 NOCATEE DR.

3. Mailing Address
1660 NOCATEE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-8615688

Applied For
Not Applicable

Zip 33133 Country USA

Zip 33133 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, ANA C
3125 S.W. MIAMI CT
MIAMI, FL 33129

Name ANA C. ADAMS

Street Address (P.O. Box Number is Not Acceptable)
1660 NOCATEE DR.

City MIAMI FL Zip Code 33133

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 *Ana Adams*

01/16/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MRGM ☐ Delete
STREET ADDRESS ADAMS, ANA C
CITY-ST-ZIP 3125 S.W. MIAMI CT
MIAMI, FL 33129

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1660 NOCATEE DR.
CITY-ST-ZIP MIAMI, FL 33133

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Ana Adams

1/16/08

305.798-7774

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

Date

Daytime Phone #