

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033313

Entity Name: ADAMSON, LLC

FILED
May 22, 2008
Secretary of State

Current Principal Place of Business:

931 NORTH STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1939 LONGPOND DRIVE
LONGWOOD, FL 32779

Current Mailing Address:

241 HANGING MOSS CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

1939 LONGPOND DRIVE
LONGWOOD, FL 32779

FEI Number: 26-0367117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, MIRTHA V CPA
420 S COUNTRY CLUB ROAD
LAKE MARY, FL 32746 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: MGRM () Delete
Name: ALMOMANI, FARED
Address: 241 HANGING MOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALMOMANI, FARED
Address: 1939 LONGPOND DRIVE
City-St-Zip: LONGWOOD, FL 32746

Title: MGRM () Change (X) Addition
Name: ALMOMANI, FATHI
Address: 745 CRICKEWOOD TERRACE
City-St-Zip: HEATHROW, FL 32746

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: FATHI ALMOMANI

MGRM

05/22/2008

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