## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000096752

Entity Name: ADAM LOWE LLC

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3847 ASHGLEN DRIVE EAST JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 3847 ASHGLEN DRIVE EAST JACKSONVILLE, FL 32224 FEI Number: 26-3560459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, ADAM B 3847 ASHGLEN DRIVE EAST JACKSONVILLE, FL 32224 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LOWE, ADAM B Name: Name: Address: 3847 ASHGLEN DRIVE EAST Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: ( ) Delete Title: MGRM ( ) Change (X) Addition Name: Name: LOWE, ELIZABETH

Address:

City-St-Zip:

3847 ASHGLEN DRIVE EAST

JACKSONVILLE, FL 32224

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: ADAM LOWE MGRM 04/29/2009