

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122916

Entity Name: ADV PROPERTIES LLC

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

849 S.W. SAIL TERR.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

849 S.W. SAIL TERR.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOLLMANN, ALEX  
849 S.W. SAIL TERR.  
PORT ST. LUCIE, FL 34953 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  
Name: VOLLMANN, ALEX  
Address: 849 S.W. SAIL TERR.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR  
Name: VOLLMANN, DORIS  
Address: 849 S.W. SAIL TERR.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR  
Name: VOLLMANN, WILLIAM  
Address: 491 NE SOLIDA CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby 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: ALEX VOLLMANN

MGR

04/24/2011

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