

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 025 ****50.00

DOCUMENT # L99000003768

1. Entity Name

ADA HOLDINGS, LLC



Principal Place of Business

C/O CHRISTOPHER ANGELO, CPA
11005 N. DALE MABRY HWY
TAMPA, FL 33618

Mailing Address

C/O CHRISTOPHER ANGELO, CPA
11005 N. DALE MABRY HWY
TAMPA, FL 33618

00001070



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3584317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELO, CHRISTOPHER
11005 N. DALE MABRY HWY
TAMPA, FL 33618

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANGELO, NICKOLAS P
STREET ADDRESS	14502 NETTLECREEK RD.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGR
NAME	DOWDY, MICHAEL
STREET ADDRESS	12029 WANDSWORTH DR.
CITY-ST-ZIP	TAMPA, FL 32626
TITLE	MGRM
NAME	ANGELO, CHRISTOPHER
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/7/2007 (813) 269-7315