

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003768

Entity Name: ADA HOLDINGS, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

11406 N. DALE MABRY HWY  
SUITE C21  
TAMPA, FL 33618

**Current Mailing Address:**

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

**New Mailing Address:**

11406 N. DALE MABRY HWY  
SUITE C21  
TAMPA, FL 33618

FEI Number: 59-3584317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGELO, CHRISTOPHER  
11005 N. DALE MABRY HWY  
TAMPA, FL 33618 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: ANGELO, NICKOLAS P  
Address: 14502 NETTLECREEK RD.  
City-St-Zip: TAMPA, FL 33624

Title: MGR  
Name: DOWDY, MICHAEL  
Address: 12029 WANDSWORTH DR.  
City-St-Zip: TAMPA, FL 32626

Title: MGRM  
Name: ANGELO, CHRISTOPHER  
Address: 4415 CARROLLWOOD VILLAGE DR.  
City-St-Zip: TAMPA, FL 33624

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: CHRISTOPHER ANGELO

MGM

01/05/2010

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