

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000003309

1. Entity Name  
ADAPT 4, LLC



Principal Place of Business

605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934

Mailing Address

605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0096321

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DATA FLOW SYSTEMS, INC.  
ATTN: GARY HUDSON  
605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934

**DO NOT WRITE  
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 \_\_\_\_\_

**Renewing Fee is \$50.00  
Due by May 1, 2004**

RECEIVED  
04/12/04-20045-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMAIDRIS, THOMAS F 605 N. JOHN RODES BLVD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAUNDERS, R. BRENT 605 N. JOHN RODES BLVD. MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

04/08/04 321-259-5009