

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024553

**Entity Name:** S.L. ADAMS, LLC

**Current Principal Place of Business:**

3903 NORTHDAL BLVD  
100E  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 152671  
TAMPA, FL 33684-2671 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MALHOTRA, CYRUS  
3903 NORTHDAL BLVD  
100E  
TAMPA, FL 33624 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

**Authorized Person(s) Detail :**

Title MGR  
Name ADAMS, SHIRLEY LMD  
Address PO BOX 152671  
City-State-Zip: TAMPA FL 33684-2671

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHIRLEY ADAMS

MGR

06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date