

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011135

Entity Name: A.D.E., L.L.C.

**Current Principal Place of Business:**

959 W. 15TH STREET  
PANAMA CITY, FL 32401

**Current Mailing Address:**

959 W. 15TH STREET  
PANAMA CITY, FL 32401

FEI Number: 90-0595563

Certificate of Status Desired: Yes

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

SLOAN, TIMOTHY J  
427 MCKENZIE AVE.  
PANAMA CITY, FL 32401 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 OTHER  
Name KIMBERLEIGH HILL, SPOUSE AND HEIR OF CHRISTOPHER A. HILL (DECEASED), AND DESIGNATED PERSONAL REPRESENTATIVE OF THE ESTATE OF CHRISTOPHER A. HILL  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name GLENN, KAYLA HILL  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name FINLEY, SANDRA D., TRUSTEE OF THE GREGORY C FINLEY REVOCABLE TRUST  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name FINLEY, GREGORY C., TRUSTEE OF THE SANDRA D FINLEY REVOCABLE TRUST  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name HILL, BRONSON  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name FINLEY, GREGORY C., TRUSTEE OF THE GREGORY C FINLEY REVOCABLE TRUST  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name FINLEY, SANDRA D., TRUSTEE OF THE SANDRA D FINLEY REVOCABLE TRUST  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name FINLEY, SANDRA D., TRUSTEE OF THE FINLEY CHILDREN'S TRUST  
Address 959 W. 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

*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: GREGORY C. FINLEY

MANAGING MEMBER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date