

2017 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: No

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE.
PANAMA CITY, FL 32401 US

FILED
May 01, 2017
Secretary of State
CC9418682589

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 HILL, KIMBERLEIGH
Address 959 W. 15TH STREET
City-State-Zip: PANAMA CITY FL 32401

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

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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

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGING MEMBER
Name ANNIKA FINLEY IRREV TRUST
Address 959 W. 15TH STREET
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER
Name PHOEBE FINLEY IRREV TRUST
Address 959 W. 15TH STREET
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER
Name DAVIS FINLEY IRREV TRUST
Address 959 W. 15TH STREET
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER
Name TIMOTHY FINLEY IRREV TRUST
Address 959 W. 15TH STREET
City-State-Zip: PANAMA CITY FL 32401