

**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