## 2023 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

## Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J 427 MCKENZIE AVE. PANAMA CITY, FL 32401 US 8426021322CC

Certificate of Status Desired: No

FILED Jan 26, 2023

Secretary of State

Date

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

## Authorized Person(s) Detail :

	/ (attro: 120 a 1			
	Title	OTHER	Title	OTHER
	Name	HILL, KIMBERLEIGH	Name	BRONSON HILL IRREVOCABLE TRUST
	Address	959 W. 15TH STREET	Address	959 W. 15TH STREET
	City-State-Zip:	PANAMA CITY FL 32401		PANAMA CITY FL 32401
			City-State-Zip:	PANAMA CITT FL 32401
	Title	OTHER	Title	MANAGER
	Name	GLENN, KAYLA HILL	Name	FINLEY, SANDRA D., TRUSTEE OF THE GREGORY C FINLEY
	Address	959 W. 15TH STREET		
	City-State-Zip:	PANAMA CITY FL 32401	Address	REVOCABLE TRUST 959 W. 15TH STREET
				PANAMA CITY FL 32401
	Title	OTHER	City-State-Zip:	PANAMA CITT FL 32401
	Name	FINLEY, GREGORY C., TRUSTEE OF THE SANDRA D FINLEY REVOCABLE TRUST	Title	OTHER
			Name	OLIVIA KOHLSTAEDT
	Address	959 W. 15TH STREET	Address	959 W. 15TH STREET
	City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401
	Title	OTHER	<b>T</b> .(1)	
	Name	ANNIKA FINLEY IRREV TRUST	Title	OTHER
	Address	959 W. 15TH STREET	Name	DAVIS FINLEY
			Address	959 W. 15TH STREET
	City-State-Zip:	PANAMA CITY FL 32401	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	MEMBER	01/26/2023
	Electronic Signature of Signing Authorized Person(s) Detail		Date

# Authorized Person(s) Detail Continued :

Title	OTHER	Title	OTHER
Name	PHOEBE FINLEY IRREV TRUST	Name	TIMOTHY FINLEY IRREV TRUST
Address	959 W. 15TH STREET	Address	959 W. 15TH STREET
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401
Title	OTHER		
Name	MIA HILL IRREVOCABLE TRUST		

Address 959 W. 15TH STREET

City-State-Zip: PANAMA CITY FL 32401