

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000017104

**Entity Name:** ADAR ASSOCIATES, LLC

**Current Principal Place of Business:**

6865 N LINCOLN AVE  
LINCOLNWOOD,, IL 60712

**Current Mailing Address:**

C/O GINSPARG  
3389 SHERIDAN, #195  
HOLLYWOOD, FL 33021

**FEI Number:** 20-0822965

**Certificate of Status Desired:** No

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

GINSPARG, NORMAN J  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 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 ESFORMES, PHILIP  
Address 6865 N. LINCOLN AVE  
City-State-Zip: LINCOLNWOOD IL 60712

*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:** PHILIP ESFORMES

MGR

04/15/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date