

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092942

Entity Name: A.D.F. LLC.**Current Principal Place of Business:**801 FOSTER ROAD
HALLANDALE, FL 33009**Current Mailing Address:**801 FOSTER ROAD
HALLANDALE, FL 33009**FEI Number:** 34-2064486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FINDER, AMI
801 FOSTER ROAD
HALLANDALE, FL 33009 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	MGRM
Name	FINDER, AMI
Address	801 FOSTER ROAD
City-State-Zip:	HALLANDALE FL 33009

Title	MGR
Name	FINDER, DORIS
Address	801 FOSTER ROAD
City-State-Zip:	HALLANDALE, FL 33009

Title	VC
Name	FINDER, AVI
Address	801 FOSTER ROAD
City-State-Zip:	HALLANDALE FL 33009

Title	SECRETARY
Name	FINDER (LISTOPAD), TAMMY DR.
Address	801 FOSTER ROAD
City-State-Zip:	HALLANDALE FL 33009

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: FINDER , AMI

MGRM

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date