

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145156

**Entity Name:** ADICENT, LLC

**Current Principal Place of Business:**

3902 HENDERSON BLVD  
SUITE 201  
TAMPA, FL 33629

**Current Mailing Address:**

3902 HENDERSON BLVD  
SUITE 201  
TAMPA, FL 33629 US

**FEI Number:** 80-0771061

**Certificate of Status Desired:** No

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

FAILEY, CHRISTINE N.  
3902 HENDERSON BLVD  
SUITE 201  
TAMPA, FL 33629 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:** CHRISTINE N. FAILEY

01/13/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JORDAN, TIM  
Address 3902 HENDERSON BLVD.  
STE. 201  
City-State-Zip: TAMPA FL 33629

*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:** TIM JORDAN

MANAGING MEMBER

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date