

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000060768

**Entity Name:** ADH SERVICES LLC

**Current Principal Place of Business:**

14137 DRAKES POINT DR  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

14137 DRAKES POINT DR  
JACKSONVILLE, FL 32224

**FEI Number:** 46-2694326

**Certificate of Status Desired:** No

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

CARANGUE & CARANGUE PA  
5607 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216 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 KARAHOCA, KONRAD  
Address 14137 DRAKES POINT DR  
City-State-Zip: JACKSONVILLE FL 32224

Title MANAGER  
Name ZAROS, ANNE  
Address 14137 DRAKES POINT DR  
City-State-Zip: JACKSONVILLE FL 32224

*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:** KONRAD M. KARAHOCA

MGRM

04/24/2019

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

\_\_\_\_\_  
Date