

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046140

**Entity Name:** ADECOMM LLC**Current Principal Place of Business:**10270 SW 19TH STREET  
MIAMI, FL 33165**Current Mailing Address:**10270 SW 19TH STREET  
MIAMI, FL 33165**FEI Number:** 33-1231155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAINER, ISAK  
10270 SW 19TH STREET  
MIAMI, FL 33165 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:** ISAK WAINER

08/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	LAGANA, SERGIO E
Address	10270 SW 19TH STREET
City-State-Zip:	MIAMI FL 33165

Title	AMBR
Name	LEVIN, GABRIEL
Address	10270 SW 19TH STREET
City-State-Zip:	MIAMI FL 33165

Title	AMBR
Name	LEVIN, MAXIMO
Address	10270 SW 19TH STREET
City-State-Zip:	MIAMI FL 33165

Title	AMBR
Name	BURDMAN, DANIEL M
Address	10270 SW 19TH STREET
City-State-Zip:	MIAMI FL 33165

*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:** SERGIO LAGANA**MEMBER**

08/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date