

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087563

**Entity Name:** A&D FACETS LLC

**Current Principal Place of Business:**

453 MILLWOOD PL  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

4630 S KIRKMAN RD #324  
ORLANDO, FL 32811 US

**FEI Number:** 47-1029728

**Certificate of Status Desired:** Yes

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

ANDERSON, KYLE MITCHELL  
453 MILLWOOD PL  
WINTER GARDEN, FL 34787 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:** KYLE M ANDERSON

04/15/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ANDERSON, KYLE  
Address 4630 S KIRKMAN RD #324  
City-State-Zip: ORLANDO FL 32811

*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:** KYLE M ANDERSON

CEO

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date