

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000185813

**Entity Name:** AD OPS GAL, LLC

**Current Principal Place of Business:**

4026 NW 17TH AVE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

4026 NW 17TH AVE  
GAINESVILLE, FL 32605 US

**FEI Number:** 47-5542523

**Certificate of Status Desired:** No

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

HUTTON, JENNIFER L  
4026 NW 17TH AVE  
GAINESVILLE, FL 32605 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 MGR  
Name HUTTON, JENNIFER L  
Address 4026 NW 17TH AVE  
City-State-Zip: GAINESVILLE FL 32605

*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:** JENNIFER HUTTON

MGR

01/09/2017

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

\_\_\_\_\_ Date