

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000115236

**Entity Name:** ADOREME SERVICES, LLC

**Current Principal Place of Business:**

16 EAST 34TH STREET  
14TH FLOOR  
NEW YORK, NY 10016

**Current Mailing Address:**

16 EAST 34TH STREET  
14TH FLOOR  
NEW YORK, NY 10016 US

**FEI Number:** 82-1725047

**Certificate of Status Desired:** No

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

NATIONAL REGISTERED AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SENIOR VICE PRESIDENT - TAX  
Name HELVIE, TODD G.  
Address 16 EAST 34TH STREET  
14TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title SECRETARY  
Name JOHNSON, TIMOTHY (TJ)  
Address 16 EAST 34TH STREET  
14TH FLOOR  
City-State-Zip: NEW YORK NY 10016

Title TREASURER  
Name TUCAY, ALEXIS  
Address 16 EAST 34TH STREET  
14TH FLOOR  
City-State-Zip: NEW YORK NY 10016

*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:** ALEXIS TUCAY

**TREASURER**

**03/21/2025**

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

\_\_\_\_\_  
Date