# 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: SHIREEN FERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000437061

Entity Name: THE ADAPTIVE BUSINESS GROUP, LLC

# **Current Principal Place of Business:**

4086 VIA MIRADA SUITE 4 SARASOTA, FL 34238

## **Current Mailing Address:**

P.O. BOX 17262 SARASOTA, FL 34276

# FEI Number: 87-3004384

## Name and Address of Current Registered Agent:

FERNANDEZ, SHIREEN DR 4086 VIA MIRADA SARASOTA, FL 34238 US FILED Feb 24, 2024 Secretary of State 7284484983CC

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	MANAGER
Name	FERNANDEZ, SHIREEN DR	Name	FERNANDEZ, SHIRLEY
Address	P.O. BOX 17262	Address	PO BOX 17262
City-State-Zip:	SARASOTA FL 34276	City-State-Zip:	SARASOTA FL 34276

02/24/2024 Date

AUTHORIZED MEMBER

Date