2001 UNIFORM BUS	INESS REPO	ORT (UE	3R)			
DOCUMENT # LODOOC	012073					
Adagio, LLC				FILED		
The state of the s				01 APR 25 PM 5: 58		
rincipal roce of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
417 Porpoise Place Dr. 417 Porpoise Place Dr.				HALLAHASSE	E. FLORIDA	
5t. Augustine, FL 32084 St. Augustine, FC 32084						
Principal Place of Business 9. Mailing Address H.T. Possanice Point De H.T. Possanice Point De					•	
417 Porpoise Point Dr. 417 Porpoise Point Dr. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State			4. FEI Number Applied For			
Zip Country Zip		Country	59-367-9936 F			lot Applicable
Country	ZIP	Codrilly		5. Certificate of Status Desired	☐ \$5.00 Ac Fee Require	
6. Name and Address of Current		Name		7. Name and Address of New Reg	istered Agent	
Seorge M. McClure			Street Address (P.O. Box Number is Not Acceptable)			
70 Malaga Street, Ste. A.		Jues	Otreet Address (1.0. DOX Notifice) is 110) Acceptable)			
: Pugustine, FL 32084		City	FL Zip Code			de
The above named entity submits this statement for	or the purpose of changing its	registered office	or registered	d agent, or both, in the State of Florida	 a.	
GNATURE					·	
Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered Agent sign	nature required wi	hen reinstating)	DATE	
	FILE N Make Check Pa	OWIII FEE IS yable to Depa	Parket Street	State .	,	
MANAGING MEMBI	ERS/MEMBERS	10.	AMADA, TANK	ADDITIONS/CH	IANGES	
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REET ADDRESS		STREET ADDRESS	s K606	ort A. McCorma Porpoise Point I Augustine, F1 32	orive :	
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rle , Me	☐ Delete	TITLE NAME	}	500004		
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Y-ST-ZIP		CITY-ST-ZIP				
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HEET ADDRESS Y-ST-ZIP	·	STREET ADDRESS	5		• *	
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ME		NAME ethert andress	.			
JEET ADDRESS Y-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	` ·			
. I hereby certify that the information supplied with indicated on this report is true and accyrate and limited liability company or the receiver or trustee.	this filing does not qualify for that my signature shall have to empowered to execute this	the exemption st the same legal eff report as required	ated in Secti fect as if mad by Chapter	on 119.07(3)(i), Florida Statutes. I furd de under oath; that I am a managing 608, Florida Statutes.	her certify that the in member or manage	nformation or of the
IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	MMM.	JAGER OR AUTHORIZI	FD REPRESENTA	ATIVE Date	Daytime Phone #	