

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095367

FILED
Jan 09, 2007
Secretary of State

Entity Name: ADEL, LLC

Current Principal Place of Business:

4855 PALM BROOKE CIRCLE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4855 PALM BROOKE CIRCLE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETIZIANO, ERNEST W
205 WORTH AVE.
SUITE # 316
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARYMAN, ELIZA
Address: 4855 PALM BROOKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGR (X) Delete
Name: DE LA CRUZ, MARLENE
Address: 3925 VICTORIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM () Delete
Name: WEDOCK, GREGORY
Address: 3001 EMBASSY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WEADOCK, GREGORY
Address: 3001 EMBASSY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELIZA HARYMAN

MGR

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date