

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000010426

**Entity Name:** ALEDAVDAN, LLC.

**Current Principal Place of Business:**

16206 A FLIGHT PATH DRIVE  
BROOKSVILLE, FL 34602

**Current Mailing Address:**

16206 A FLIGHT PATH DRIVE  
BROOKSVILLE, FL 34602 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WHIGHAM, DAVID LESQ  
220 EAST MADISON STREET  
1140  
TAMPA, FL 33602 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	MGRM	Title	MGRM
Name	AMBROSE, DAVID DJR.	Name	AMBROSE, AMANDA
Address	16206 A FLIGHT PATH DRIVE	Address	16206 A FLIGHT PATH DRIVE
City-State-Zip:	BROOKSVILLE FL 34604	City-State-Zip:	BROOKSVILLE FL 34604

*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:** DAVID D. AMBROSE

**MANAGER**

**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date