

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002274

**Entity Name:** ASSOCIATION FOR DEVELOPMENTALLY DISABLED ADULTS AND ADOLESCENTS, LLC

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC4755393409**

**Current Principal Place of Business:**

19549 ESTUARY DRIVE  
BOCA RATON, FL 33498

**Current Mailing Address:**

19549 ESTUARY DRIVE  
BOCA RATON, FL 33498 US

**FEI Number: 74-3246766**

**Certificate of Status Desired: No**

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

CLAYMAN, DAVID A  
19549 ESTUARY DRIVE  
BOCA RATON, FL 33498 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	CLAYMAN, DAVID A	Name	HERSKOWITZ, VALERIE
Address	19549 ESTUARY DRIVE	Address	7261 160TH ST. N
City-State-Zip:	BOCA RATON FL 33498	City-State-Zip:	PALM BEACH GARDENS FL 33418

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DAVID A. CLAYMAN, MD

MGRM

04/24/2013

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

\_\_\_\_\_  
Date