

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001022

**Entity Name:** ADA CONSULTING LLC

**Current Principal Place of Business:**

114 COVE STREET  
NEW HAVEN, CT 06512

**Current Mailing Address:**

114 COVE STREET  
NEW HAVEN, CT 06512 US

**FEI Number:** 54-2051049

**Certificate of Status Desired:** No

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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  
Name ACRI, ANTHONY  
Address 114 COVE STREET  
City-State-Zip: NEW HAVEN CT 06512

*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:** ANTHONY ACRI

MGRM

03/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date