

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129674

**Entity Name:** GADCPE, PLLC

**Current Principal Place of Business:**

8950 FONTANA DEL SOL WAY  
FIRST FLOOR  
NAPLES, FL 34109

**Current Mailing Address:**

8950 FONTANA DEL SOL WAY  
FIRST FLOOR  
NAPLES, FL 34109 US

**FEI Number:** 46-1187075

**Certificate of Status Desired:** No

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

GOEDE, JOHN C  
8950 FONTANA DEL SOL WAY  
FIRST FLOOR  
NAPLES, FL 34109 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:** JOHN C. GOEDE, ESQ.

01/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	GOEDE, JOHN C
Address	8950 FONTANA DEL SOL WAY FIRST FLOOR
City-State-Zip:	NAPLES FL 34109
Title	MGR
Name	ADAMCZYK, STEVEN J
Address	8950 FONTANA DEL SOL WAY, STE. 100
City-State-Zip:	NAPLES FL 34109

Title	MGRM
Name	DEBOEST, RICHARD D II
Address	8950 FONTANA DEL SOL WAY FIRST FLOOR
City-State-Zip:	NAPLES FL 34109
Title	MGR
Name	CROSS, BRIAN O
Address	8950 FONTANA DEL SOL WAY, STE. 100
City-State-Zip:	NAPLES FL 34109

*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:** STEVEN ADAMCZYK

MGR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date