

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000157988

**Entity Name:** 285-300 ADALIA, LLC

**Current Principal Place of Business:**

285 ADALIA TERRACE  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

285 ADALIA TERRACE  
PORT CHARLOTTE, FL 33953 US

**FEI Number:** 47-5113060

**Certificate of Status Desired:** Yes

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

PROA, MICHELE  
501 CLEARVIEW DRIVE  
PORT CHARLOTTE, FL 33953 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:** MICHELE PROA

10/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name STUENKEL, KATHERINE G  
Address 4287 LAFRANCE AVENUE  
City-State-Zip: NORTH PORT FL 34286

Title T  
Name PROA, MICHELE  
Address 501 CLEARVIEW DRIVE  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** MICHELE PROA

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10/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date