

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000175251

Entity Name: ADA HOUSING SOLUTIONS LLC

Current Principal Place of Business:

4539 CEMETERY RD
MT. DORA, FL 32757

Current Mailing Address:

PO BOX 2316
APOPKA, FL 32704 US

FEI Number: 81-3893892

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANCHE, SHERYL
4539 CEMETERY RD
MT. DORA, FL 32757 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 MGR
Name MANCHE, SHERYL
Address PO BOX 2316
City-State-Zip: APOPKA FL 32704

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: SHERYL MANCHE

MGR

05/25/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date