# 2023 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

#### 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

# Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	MGR
Name	MANCHE, SHERYL	Name	MCLAIN, SHAUN
Address	PO BOX 2316	Address	PO BOX 2316
City-State-Zip:	APOPKA FL 32704	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

MANAGING MEMBER

05/08/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 08, 2023 Secretary of State 3561019952CC

Certificate of Status Desired: Yes

Date