

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000129070

Entity Name: ADRIALE, LLC**Current Principal Place of Business:**3784 FALCON RIDGE CIRCLE
WESTON, FL 33331**Current Mailing Address:**3784 FALCON RIDGE CIRCLE
WESTON, FL 33331 US**FEI Number:** 30-0997052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FONSECA, ROSALINDA
3784 FALCON RIDGE CIRCLE
WESTON, FL 33331 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 INIGUEZ, CARLOS A SR
Address 3784 FALCON RIDGE CIRCLE
City-State-Zip: WESTON FL 33331

Title MGR
Name FARRERA, JUDITH C
Address 3784 FALCON RIDGE CIRCLE
City-State-Zip: WESTON FL 33331

Title MGR
Name INIGUEZ, ANGEL A
Address 3784 FALCON RIDGE CIRCLE
City-State-Zip: WESTON FL 33331

Title MGR
Name INIGUEZ, ADRIANA A
Address 3784 FALCON RIDGE CIRCLE
City-State-Zip: WESTON FL 33331

Title MGR
Name INIGUEZ, CARLOS A JR
Address 3784 FALCON RIDGE CIRCLE
City-State-Zip: WESTON FL 33331

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: CARLOS A. INIGUEZ SR

MGR

02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date