

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000005411

**Entity Name:** ADELANTE LLC

**Current Principal Place of Business:**

2137 NIPIGON DR  
OAKVILLE, ON L6H 4-E4

**Current Mailing Address:**

2137 NIPIGON DR  
OAKVILLE, ON L6H 4-E4 CA

**FEI Number:** 30-1026421

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DR 1ST FL  
TALLAHASSEE, FL 32301 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                  | Title           | SECRETARY         |
| Name            | JACKSON, RAYMOND E   | Name            | JACKSON, SIMON    |
| Address         | 2137 NIPIGON DR      | Address         | 2137 NIPIGON DR   |
| City-State-Zip: | OAKVILLE ON L6H 4-E4 | City-State-Zip: | OAKVILLE L6H 4-E4 |

*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:** RAYMOND E JACKSON

MANAGER

04/18/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date