

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000058221

**Entity Name:** ADAPT HOLDINGS LLC

**Current Principal Place of Business:**

10408 W STATE RD 84  
STE 101  
DAVE, FL 33324

**Current Mailing Address:**

10408 W STATE RD 84  
STE 101  
DAVE, FL 33324

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SURIYA, SALEM  
10408 W STATE RD 84  
STE 101  
DAVIE, FL 33324 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 MBR  
Name AMDANI, MOHAMMED AHMAD  
Address 10408 W STATE RD 84, STE 101  
City-State-Zip: DAVE FL 33324

Title MBR  
Name AMDANI, MOHAMMED A  
Address 10408 W STATE RD 84, STE 101  
City-State-Zip: DAVIE FL 33324

Title MBR  
Name AMDANI, ASHRAF M  
Address 10408 W STATE RD 84, STE 101  
City-State-Zip: DAVIE FL 33324

Title TRES  
Name SURIYA, SALEM  
Address 10408 W STATE RD 84, STE 101  
City-State-Zip: DAVIE FL 33324

*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:** SALEM SURIYA

**MGR**

**01/29/2021**

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

\_\_\_\_\_  
Date