

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000335655

**Entity Name:** ADEL AUTO SOLUTIONS LLC

**Current Principal Place of Business:**

615 JOEL BLVD  
APT A  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

615 JOEL BLVD  
APT A  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 87-2580172

**Certificate of Status Desired:** No

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

ONE STOP MULTI SERVICE OFFICE LLC  
1237 HOMESTEAD RD N  
LEHIGH ACRES, FL 33936 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            AMBR  
Name            RODRIGUEZ, ADEL A  
Address        615 JOEL BLVD  
                  APT A  
City-State-Zip: LEHIGH ACRES FL 33936

*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:** ADEL A RODRIGUEZ

AMBR

01/27/2022

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

\_\_\_\_\_ Date