

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 007 ****55.00

DOCUMENT # **L01000016381**

1. Entity Name

A dduce, LLC

DO NOT WRITE IN THIS SPACE

949243

2. Principal Place of Business

PO Box 1521

3. Mailing Address

PO Box 1521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3746586

Applied For

Not Applicable

Zip

32854-1521

Country

USA

Zip

32854-1521

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Steven E Feldman

Street Address (P.O. Box Number is Not Acceptable)

900 Vassar Street

City

Orlando

FL

Zip Code

32804

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
Steven E Feldman
900 Vassar Street
Orlando FL 32804**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: **Steven E Feldman** **Steven E Feldman** **4/24/02** **407-999-4869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)