# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 20, 2007 8:00 am**
**Secretary of State**
04-20-2007 90028 020 ****55.00

DOCUMENT # M06000004841

1. Entity Name
ADLEX, LLC

Principal Place of Business
777 YAMATO ROAD
STE 300
BOCA RATON, FL 33431

Mailing Address
~~P.O. BOX 1340~~
~~ZEPHYR COVE, NV 89448~~

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
777 YAMATO ROAD

Suite, Apt. #, etc.
SUITE 300

City & State
BOCA RATON, FL

Zip 33431 | Country USA

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0489272
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FRIESEN, GARTH
777 YAMATO ROAD, SUITE 300
BOCA RATON, FL 33431

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | FRIESEN, GARTH | | NAME | | |
| STREET ADDRESS | 777 YAMATO ROAD, SUITE 300 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ Garth Friesen, Manager April 5, 2007 (561) 544-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #