

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071977

Entity Name: ADSS, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

4400 PGA BOULEVARD  
SUITE 902  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

4400 PGA BOULEVARD  
SUITE 902  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BRYAN, JOHN L JR.  
4400 PGA BOULEVARD  
SUITE 800  
PALM BEACH GARDENS, FL 33410 US

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

SPILLERS, SUZANNE  
4400 PGA BOULEVARD  
SUITE 902  
PALM BEACH GARDENS, FL 33410 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: SUZANNE SPILLERS

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPILLERS, RANDALL  
Address: 4400 PGA BOULEVARD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D ( ) Delete  
Name: SPILLERS, SUZANNE  
Address: 4400 PGA BOULEVARD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SUZANNE SPILLERS

RA

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date