

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001012

FILED
Feb 18, 2009
Secretary of State

Entity Name: ADG GROUP HOLDINGS, L.L.C.

Current Principal Place of Business:

808 BRICKELL KEY DRIVE, SUITE 3903
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

808 BRICKELL KEY DRIVE, SUITE 3903
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1070113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON & SWEENEY, PL
LA PUERTA DEL SOL BUILDING
800 DOUGLAS ROAD
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOLINARI, CARLOS
Address: 808 BRICKELL KEY DRIVE, SUITE 3903
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: ROLENC, ALICIA
Address: 808 BRICKELL KEY DRIVE, SUITE 3903
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: MOLINARI, DIEGO
Address: 808 BRICKELL KEY DRIVE, SUITE 3903
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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: CARLOS MOLINARI

MGRM

02/18/2009

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