## 2006 LIMITED LIABILITY COMPANY

## May 04, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-04-2006 90019 020 \*\*\*\*50.00 DOCUMENT # L04000016847 ADB INTERNATIONAL LLC Principal Place of Business Mailing Address 4103 ORCHARD DRIVE 4103 ORCHARD DRIVE MELBOURNE, FL 32940 MELBOURNE, FL 32940 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E083 (11/05) Chg-LLC City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEDEM, DAYANA Street Address (P.O. Box Number is Not Acceptable) 4103 ORCHARD DRIVE MELBOURNE, FL 32940 City 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 little ill applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition TITLE MGRM ☐ Delete TITLE ☐ Change KEDEM, DAYANA NAME NAME 4103 ORCHARD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP MGRM ☐ Addition TITLE ☐ Detete TITI F ☐ Change BAZAK, AMIR NAME 4103 ORCHARD DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Oelete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 yeads 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.

CITY-ST-ZIP

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

CITY-ST-ZIP

SENTATIVE

Dale

Daytime Phone #

**FILED**