2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

rana ko

TED NAME OF SIGNING MA

SIGNATURE:

Secretary of State **DOCUMENT # L04000019465** 03-15-2005 90347 027 ****50.00 1. Entity Name ADN INTERNATIONAL, L.L.C. Principal Place of Business Mailing Address 6855 EDGEWATER DR NO 2-G 6855 EDGEWATER DR NO 2-G CORAL GABLES, FL 33133 CORAL GABLES, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 CR2E083 (10/03) Chg-LLC Applied For City & State City & State Not Applicable Zip Country Zip 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 RODRIGUEZ, ALVARO Street Address (P.O. Box Number is Not Acceptable) 6855 EDGEWATER DR NO 2-G CORAL GABLES, FL 33133 7 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 Signature, typed or printing name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Change RODRIGUEZ, ALVARO NAME NAME STREET ADDRESS 6855 EDGEWATER DR NO 2-G STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33133 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITE ☐ Addition 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the professional trueter empowered to execute this report as required by Chapter 608. Florida Statutes. indicated on this report is true and limited liability company or the reg

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 15, 2005 8:00 am