

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028224

1. Entity Name  
ADAR INVESTMENTS, L.L.C.



Principal Place of Business  
6601 LYONS ROAD, BLDG. B-8  
COCONUT CREEK, FL 33073

Mailing Address  
6601 LYONS ROAD, BLDG. B-8  
COCONUT CREEK, FL 33073

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2077696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CAPLAN, LAWRENCE A  
LAWRENCE A. CAPLAN, P.A.  
1900 CORPORATE BLVD., SUITE 400E  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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)

U000000956014

07/22/08-80014-024 138.75

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GALAXY VENTURES OF PARKLAND, LLC  
STREET ADDRESS 6130 NW 91ST AVENUE  
CITY-ST-ZIP PARKLAND, FL 33067

TITLE MGR  
NAME RAZ, AYAL  
STREET ADDRESS 6415 NW 98TH LANE  
CITY-ST-ZIP PARKLAND, FL 33076

TITLE MGR  
NAME CAPLAN, LAWRENCE  
STREET ADDRESS 1900 CORPORATE BLVD., STE. 400E  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

07-10-08

Date

954.425.0900

Daytime Phone #