

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90015 042 \*\*\*138.75

**DOCUMENT # L06000031985**

**1. Entity Name**  
**ALTERNATIVE DISPUTE RESOLUTION ASSOCIATES,  
LLC**



**Principal Place of Business**  
260 MAITLAND AVENUE  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701 US

**Mailing Address**  
260 MAITLAND AVENUE  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701 US



01102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

PERZAN, JOSEPH C  
260 MAITLAND AVENUE  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701

**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)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	PERZAN, JOSEPH C
<b>STREET ADDRESS</b>	260 MAITLAND AVENUE, SUITE 1500
<b>CITY - ST - ZIP</b>	ALTAMONTE SPRINGS, FL 32701

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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**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

JOSEPH C. PERZAN

1/10/08

Date

407-239-5354

Daytime Phone #