

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017210

FILED
Mar 03, 2008
Secretary of State

Entity Name: ALTERNATIVE DISPUTE RESOLUTION, LLC

Current Principal Place of Business:

300 EAST SOUTH STREET UNIT 6003
ORLANDO, FL 32801

New Principal Place of Business:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

Current Mailing Address:

300 EAST SOUTH STREET UNIT 6003
ORLANDO, FL 32801

New Mailing Address:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

FEI Number: 20-8428462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIKSTROM, ARVE
300 EAST SOUTH STREET UNIT 6003
ORLANDO, FL 32801 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: WIKSTROM, ARVE
Address: 300 EAST SOUNTH STREET UNIT 6003
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: SOVRAN, CLAUDIA
Address: PO BOX 421729
City-St-Zip: KISSIMMEE, FL 34742

ADDITIONS/CHANGES:

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: ARVE WIKSTROM

MGRM

03/03/2008

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