

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017210

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** ALTERNATIVE DISPUTE RESOLUTION, LLC

**Current Principal Place of Business:**

301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32801

**New Principal Place of Business:**

37 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32801

**New Mailing Address:**

PO BOX 4446  
ORLANDO, FL 328024446

**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

04/01/2009

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