

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000017210

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

37 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4446  
ORLANDO, FL 328024446

**New Mailing Address:**

**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:**

WIKSTROM, ARVE  
37 NORTH ORANGE AVENUE SUITE 500  
ORLANDO, FL 32801 US

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: ARVE WIKSTROM

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WIKSTROM, ARVE  
Address: 37 NORTH ORANGE AVENUE SUITE 500  
City-St-Zip: ORLANDO, FL 32801

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

I hereby 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

04/14/2010

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