

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90042 009 ***138.75

DOCUMENT # L07000033704	
1. Entity Name CADAC NORTH AMERICA, LLC.	

Principal Place of Business 3860 N. POWERLINE ROAD, #100 POMPANO BEACH FL 33073	Mailing Address 3860 N. POWERLINE ROAD, #100 POMPANO BEACH FL 33073
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 208763764		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent YANOWITCH, PETER J 232 ANDALUSIA AVENUE, SUITE 350 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name DOYLE, KEVIN ANDREW Street Address (P.O. Box Number is Not Acceptable) 3860 N POWERLINE RD SUITE #100 POMPANO BEACH City FL Zip Code 33073

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 KEVIN ANDREW DOYLE (MGRM) DATE 3/24/08
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAUVIER, DANIEL 3860 N. POWERLINE ROAD, #100 POMPANO BEACH FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, KEVIN 1342 S. POWERLINE ROAD DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, JOHN K 4 TURTLE GROVE LANE VILLAGE OF GOLF FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANOWITCH, PETER J 232 ANDALUSIA AVENUE, SUITE 350 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KEVIN DOYLE (MGRM) 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #