

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90059 025 ***138.75

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DOCUMENT # L07000110873 1. Entity Name AARDVARKS ABUSE ADDICTION AGENCY, LLC					
Principal Place of Business 4825 N DIXIE HIGHWAY OAKLAND PARK, FL 33334			Mailing Address 4825 N DIXIE HIGHWAY OAKLAND PARK, FL 33334		
2. Principal Place of Business - No P.O. Box # 2701 GATEWAY DRIVE Suite, Apt. #, etc. Suite A		3. Mailing Address 2701 GATEWAY DRIVE Suite, Apt. #, etc. Suite A		04212008 Chg-LLC CR2E083 (12/06)	
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 26-1354148	
Zip 33069		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODSTAT, ALAN 4825 N DIXIE HIGHWAY OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name MAYNARD J. HELLMAN Street Address (P.O. Box Number is Not Acceptable) 2701 GATEWAY DRIVE City Pompano Beach FL Zip Code 33069	
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 <u>MAYNARD J. HELLMAN</u> DATE <u>4/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (If FEE Registered Agent signature is required when reinstating)</small>					
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	MGR TELMOSSSE, JOANNE 2531 NW 106TH AVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
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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: <u>Joanne Telmosse</u> DATE: <u>4/22/08</u> DAYTIME PHONE #: <u>954-499-2580</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					