

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026498

Entity Name: ADFECTO, LLC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

10286 CLUBHOUSE TURN ROAD
LAKE WORTH, FL 33449 US

New Principal Place of Business:

Current Mailing Address:

10286 CLUBHOUSE TURN ROAD
LAKE WORTH, FL 33449 US

New Mailing Address:

FEI Number: 26-2197880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CMC INTERNATIONAL ACQUISITIONS & HOLDINGS
6574 NORTH STATE ROAD 7
#401
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

KESKINEN, JANNE S
10286 CLUBHOUSE TURN ROAD
LAKE WORTH, FL 33449 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: JANNE KESKINEN

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KESKINEN, JANNE
Address: 10286 CLUBHOUSE TURN ROAD
City-St-Zip: LAKE WORTH, FL 33449 US

Title: MGRM () Delete
Name: KESKINEN, JANSOON
Address: 10286 CLUBHOUSE TURN ROAD
City-St-Zip: LAKE WORTH, FL 33449 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JANSOON-KESKINEN, MIRJAMI
Address: 10286 CLUBHOUSE TURN ROAD
City-St-Zip: LAKE WORTH, FL 33449 US

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: JANNE KESKINEN

MGMR

04/20/2009

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