

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038630

Entity Name: ADIKT ADVENTURE US, LLC

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1980 DOLGNER PLACE, STE. 1060  
SANFORD, FL 32771 FL

## **New Principal Place of Business:**

1445 DOLGNER PLACE, STE. 18  
SANFORD, FL 32771 FL

## **Current Mailing Address:**

P.O. BOX 470399  
LAKE MONROE, FL 32747

## **New Mailing Address:**

P.O. BOX 470399  
LAKE MONROE, FL 32747

FEI Number: 42-1767856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COOPER, GLENN M  
FOWLER WHITE BOGGS PA  
1200 E. LAS OLAS BLVD., STE. 400  
FORT LAUDERDALE, FL 33301 US

## **Name and Address of New Registered Agent:**

COOPER, GLENN M  
FOWLER WHITE BOGGS PA  
1200 E. LAS OLAS BLVD., STE. 500  
FORT LAUDERDALE, FL 33301 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:

02/23/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMITH, MICHEL  
Address: P.O. BOX 470399  
City-St-Zip: LAKE MONROE, FL 32747 US

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: MICHEL SMITH

MGRM

02/23/2012

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