

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077426

Entity Name: ALODIV VENTURES, LLC

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6300 FALLS DRIVE SOUTH APT 202  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

6300 FALLS DRIVE SOUTH APT 202  
202  
LAUDERHILL, FL 33319

**Current Mailing Address:**

6300 FALLS DRIVE SOUTH APT 202  
LAUDERHILL, FL 33319

**New Mailing Address:**

6300 FALLS DRIVE SOUTH APT 202  
202  
LAUDERHILL, FL 33319

FEI Number: 27-3123607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IRVINE, LOLA  
6300 FALLS DRIVE SOUTH APT 202  
LAUDERHILL, FL 33319 US

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

IRVINE, LOLA  
6300 FALLS DRIVE SOUTH APT 202  
202  
LAUDERHILL, FL 33319 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/05/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: IRVINE, LOLA  
Address: 6300 FALLS CIRCLE DRIVE SOUTH  
City-St-Zip: LAUDERHILL, FL 33319

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: LOLA IRVINE

MBR

03/05/2011

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