

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080477

Entity Name: ARDENX LLC

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 720  
CORAL GABLES, FL 331345222

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 720  
CORAL GABLES, FL 331345222

**New Mailing Address:**

FEI Number: 45-2747820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOBREE, H. BAIRD  
2121 PONCE DE LEON BLVD.  
SUITE 720  
CORAL GABLES, FL 331345222 US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: LOBREE, H. BAIRD  
Address: 2121 PONCE DE LEON BLVD. STE 720  
City-St-Zip: CORAL GABLES, FL 33134-522

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: H. BAIRD LOBREE

MR.

02/28/2012

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