

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002409

1. Entity Name
ADI, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
376 WEST GRANT STREET
ORLANDO, FL 32856 US

Mailing Address
1029 TECHNOLOGY PARK DRIVE
GLEN ALLEN, VA 23059 US

2. Principal Place of Business

3. Mailing Address
c/o Tax Department

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Taylor, MI 48180



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2009831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SERVICE PARTNERS DISTRIBUTION, LLC
1029 TECHNOLOGY PARK DRIVE
GLEN ALLEN, VA 23059 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500017894995
05/02/03--01052--019 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David A. Doran,
VP of Manager

4/29/03

313/274-7400

Date

Daytime Phone #

CR2E083 (10/02)