

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033704

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** CADAC NORTH AMERICA, LLC.

**Current Principal Place of Business:**

3860 N. POWERLINE ROAD, #100  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

1342 S POWERLINE RD  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3860 N. POWERLINE ROAD, #100  
POMPANO BEACH, FL 33073

**New Mailing Address:**

1342 S POWERLINE RD  
DEERFIELD BEACH, FL 33442

**FEI Number:** 20-8763764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOYLE, KEVIN ANDREW  
3860 N POWERLINE RD STE 100  
POMPANO BEACH, FL 33073 US

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

DOYLE, KEVIN ANDREW  
1342 S POWERLINE RD  
DEERFIELD BEACH, FL 33442 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: KEVIN DOYLE

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHAUVIER, DANIEL  
Address: 3860 N. POWERLINE ROAD, #100  
City-St-Zip: POMPANO BEACH, FL 33073

Title: MGRM  
Name: DOYLE, KEVIN  
Address: 1342 S. POWERLINE ROAD  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGRM  
Name: BURKE, JOHN K  
Address: 4 TURTLE GROVE LANE  
City-St-Zip: VILLAGE OF GOLF, FL 33436

Title: MGRM  
Name: YANOWITCH, PETER J  
Address: 232 ANDALUSIA AVENUE, SUITE 350  
City-St-Zip: CORAL GABLES, FL 33134

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: KEVIN DOYLE

PRE

04/30/2010

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