

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90025 017 ****50.00

DOCUMENT # L02000034478

1. Entity Name

THE SECOND SOURCE, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

825 Lafayette Street

Suite, Apt. #, etc.

3. Mailing Address

825 Lafayette Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

4. FEI Number

76-0720834

Applied For

Not Applicable

Zip

Country

33904

USA

Zip

Country

33904

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen Slosburg

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

4901 SW 27th Avenue

City

Cape Coral

FL

Zip Code

33914

**DO NOT WRITE
IN THIS SPACE**

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 qualifications of registered agent.

SIGNATURE

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

Stephen Slosburg / Stephen Slosburg

Feb 13 2003

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Stephen Slosburg
4901 SW 27th Avenue
Cape Coral, Fla. 33914

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/02)

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

3/13/03 239-549-6001

Date

Daytime Phone #