


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/1

FILED
May 30, 2006 8:00 am
Secretary of State

05-01-2006 90043 013 ***150.00

DOCUMENT # L02000007119		
1. Entity Name THE DIRECT SOURCE, LLC		
Principal Place of Business 1520 GEORGE JENKINS BLVD LAKELAND, FL 33815		Mailing Address PO BOX 1668 LAKELAND, FL 33802
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WELLS, MICHAEL 3138 BONNYBROOK DRIVE SOUTH LAKELAND, FL 33811		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 obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
8. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HEIDEMAN, DAVID 4129 EL CAMINO REAL W LAKELAND, FL 33813	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David Heideman</i></u> 5/25/06 863-683-8807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

04192008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**