

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000180907

**Entity Name:** ORDERSOURCE, LLC.

**Current Principal Place of Business:**

4507 NETTLE CREEK CT  
PORT ORANGE, 32127

**Current Mailing Address:**

4507 NETTLE CREEK CT.  
PORT ORANGE, 32127 UN

**FEI Number: 82-2734668**

**Certificate of Status Desired: No**

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

STOLLE, JACQUELYN L  
4507 NETTLE CREEK CT.  
PORT ORANGE, FL 32127 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STOLLE, JACQUELYN L  
Address 4507 NETTLE CREEK CT  
City-State-Zip: PORT ORANGE 32127

Title MGR  
Name STURGILL, JAMIE L  
Address 510 DALCROSS DR.  
City-State-Zip: RICHMOND HILL GA 31324

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JACQUELYN STOLLE**

**OWNER**

**03/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date