

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000001137

1. Entity Name  
FLORASOURCE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:14

Principal Place of Business  
11420 FORTUNE CIRCLE  
SUITE I-14  
WELLINGTON, FL 33414

Mailing Address  
11420 FORTUNE CIRCLE  
SUITE I-14  
WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**

07122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
33-0841344

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPECTOR, STEVE  
11420 FORTUNE CIRCLE  
STE I-14  
WELLINGTON, FL 33414

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                |
|----------------|--------------------------------|
| TITLE          | VP                             |
| NAME           | SPECTOR, JOANN                 |
| STREET ADDRESS | 11420 FORTUNE CIRCLE, STE I-14 |
| CITY-ST-ZIP    | WELLINGTON, FL 33414           |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
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| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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09/22/06--01040--011 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #