


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 018 ****50.00

DOCUMENT # L01000001137 1. Entity Name FLORASOURCE, LLC	
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Principal Place of Business 11420 FORTUNE CIRCLE SUITE I-14 WELLINGTON, FL 33414	Mailing Address 11420 FORTUNE CIRCLE SUITE I-14 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC

CR2E083 (11/05)

4. FCI Number 65-1037522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPECTOR, JOANN 11420 FORTUNE CIRCLE, STE I-14 WELLINGTON, FL 33414
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #