

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90128 038 ***138.75

DOCUMENT # L01000001137																																																																																																																																			
1. Entity Name FLORASOURCE, LLC																																																																																																																																			
Principal Place of Business 2245 Balsan Way Wellington, FL 33411			Mailing Address 9314 Forest Hill Blvd. No. 88 Wellington, FL 33411																																																																																																																																
2. Principal Place of Business - No. P.O. Box # 2245 Balsan Way			3. Mailing Address 9314 Forest Hill Blvd. No. 88																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc. #88																																																																																																																																
City & State Wellington, Florida			City & State Wellington, Florida																																																																																																																																
Zip 33411		Country U.S.A.		4. FEI Number 65-1037522																																																																																																																															
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			7. Name and Address of New Registered Agent Name: Steven D. Spector Street Address (P.O. Box Number is Not Acceptable): 9314 Forest Hill Blvd. No 88 City: Wellington FL Zip Code 33411																																																																																																																																
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:																																																																																																																																			
(NOTE: Registered Agent signature required when registering)																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">VP</td> <td style="width: 30%; text-align: right;">☒ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">President</td> <td style="width: 30%; text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Spector, Joann</td> <td></td> <td>NAME</td> <td>Spector, Steven D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11420 Fortune Circle I-14</td> <td></td> <td>STREET ADDRESS</td> <td>2245 Balsan Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>West Palm Beach, FL 33414</td> <td></td> <td>CITY-ST-ZIP</td> <td>Wellington, Florida 33411</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	VP	☒ Delete	TITLE	President	☐ Change ☒ Addition	NAME	Spector, Joann		NAME	Spector, Steven D.		STREET ADDRESS	11420 Fortune Circle I-14		STREET ADDRESS	2245 Balsan Way		CITY-ST-ZIP	West Palm Beach, FL 33414		CITY-ST-ZIP	Wellington, Florida 33411		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																																																			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			
STEVEN SPECTOR 02/08/08 954-2636641																																																																																																																																			