# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2007**
**Secretary of State**

DOCUMENT# L01000012156

**Entity Name:** OUTSOURCE MANAGEMENT SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

202 N. MASSACHUSETTS AVE.
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2
LAKELAND, FL 338020002

**New Mailing Address:**

**FEI Number: 59-3751157** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CLEGHORN, ROBERT A
PO BOX 2
LAKELAND, FL 33802 US

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

CLEGHORN, ROBERT A
202 N MASSACHUSETTS AVE
LAKELAND, FL 33802 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: 01/14/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: CLEGHORN, ROBERT A
Address: PO BOX 2
City-St-Zip: LAKELAND, FL 33802

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BOB CLEGHORN MGR 01/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date