LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L 01 0000 167 96 1. Entity Name

Source Link LLC

FILED May 15, 2002 8:00 am Secretary of State 05-15-2002 90055 031 ****50.00

Dayume Phone #

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`				B0102769			
2. Principal Place of Business 677 N. WASHINGTH BLUD	3. Mailing Address	Al. of the	74.40				
Suite, Apt. #, etc. 39 / 40 Suite, Apt. #, etc. 39 / 40			30	DO NOT WRITE IN THIS SPACE			
SALASOTA, FLONDA	City & State SALA SOTA	FLOMOR	4. FE	Number - 114 3415	Applied For		
Zip 1236 Country USA	34236	Country US A		rtificate of Status Desired	\$5.00 Additional Fee Required		
			7. Nam	e and Address of Current Regi	·		
TO NOT WIT		Name	R DA	UID -BUSTA			
DO NOT WE		Street Ad	dress (P.O. Box	Number is Not Acceptable)			
		City	ALAS	~7A	FL Zip-9992 36		
8. The above named entity submits this statement for the	he nurpose of changing its re			•	FL 2023992, 36		
SIGNATURE Signature, typed or printed name of registered oxigent and							
од тако уулган ранкалынгы сорынын құласы қ		TE 10 850 00		<u> </u>	DATE		
	Make Check Paya	EE IS \$50.00 able to Departm JE BY MAY 1	ent of State		-		
9. MANAGING MEMBERS	/MANAGERS						
	~	TITLE NAME					
NAME SUZANNE NILA STREET ADDRESS 3649 LAKE WOOL	DAIVE	STREET ADDRESS		·			
CITY-ST-ZIP SALASOTA, FLOA	GCLYE NOIL	CITY-ST-ZIP					
TITLE		BTLE					
NAME CEDEL ADDOCSO		NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS					
TITLE		CITY-ST-ZIP					
NAME		TITLE NAME					
STREET ADDRESS	-	STREET ADDRESS		DO-4105 14			
CITY-ST-ZIP		CITY-ST-ZIP		DO NOT WI	RITE		
TITLE		TITLE		IN THIS SP	۸۸۵		
NAME STREET ADDRESS		NAME		IN THIS SPA	ACE		
CFTY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	,				
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE		TITLE					
NAME STREET ADDRESS		NAME CONTRACT			,		
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		-			
11. I hereby certify that the information supplied with this indicated on this report is true and accurate and tha limited liability company or the receiver or trustee en		e exemption stated			r certify that the information ember or manager of the		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE	UU			5/6/02 941	1-952-5845		