

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90272 015 ****50.00

DOCUMENT # 10/000018167 ✓

1. Entity Name

Source Med LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1844 Nob Hill Rd.

3. Mailing Address
1844 Nob Hill Rd.

Suite, Apt. #, etc.
Suite 609

Suite, Apt. #, etc.
Suite 609

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
65-1146229

Applied For
Not Applicable

Zip
33322

Country
Broward

Zip
33322

Country
Broward

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JumpinJaxTax.com, Inc

Street Address (P.O. Box Number is Not Acceptable)
1940 Harrison St, STE 201-B

City Hollywood

FL

Zip Code
33020-5072

**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.

SIGNATURE

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

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mgr.
John Sanders
1844 Nob Hill Rd Suite 609
Plantation, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/2002 800-203-2347

CR2E0838 (12/01)