


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 90097 042 ****50.00

DOCUMENT # L02000013963	
1. Entity Name SOUTHERN SOURCING LLC	

Principal Place of Business 740 WEST CYPRESS POINTE DR PEMBROKE PINES FL 33027 US	Mailing Address 740 WEST CYPRESS POINTE DR PEMBROKE PINES FL 33027 US
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2. Principal Place of Business	3. Mailing Address PO Box 2281
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LARGO FL	City & State
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Zip 33779	Country	Zip 33779	Country
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6. Name and Address of Current Registered Agent DEL PLATO, LEWIS T JR 740 WEST CYPRESS POINTE DR PEMBROKE PINES FL 33027	
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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 reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL PLATO, LEWIS T JR 740 WEST CYPRESS POINTE DR PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	4.21.2003	954.670.9285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

44002320



☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)