


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90077 010 ****50.00

DOCUMENT # L02000021613	
1. Entity Name OUTSOURCE EQUIPMENT COMPANY, LLC	

Principal Place of Business 12472 LAKE UNDERHILL RD. #329 ORLANDO, FL 32828 US	Mailing Address 12472 LAKE UNDERHILL RD. #329 ORLANDO, FL 32828 US
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2. Principal Place of Business - No P.O. Box # 1073 Willa Springs Drive Suite, Apt. #, etc. Ste 2057	3. Mailing Address 1073 Willa Springs Drive Suite, Apt. #, etc. Ste 2057
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City & State Winter Springs FL	City & State Winter Springs FL
Zip 32708	Zip 32708
Country USA	Country USA

01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0427404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, MARK 1607 RIVER BIRCH AVE. OVIEDO, FL 32765

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Mark A. Smith (NOTE: Registered Agent signature required when reappointing) DATE 2-14-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, MARK 1607 RIVER BIRCH AVE. OVIEDO, FL 32765 <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	MGR SMITH, TREASA 1607 RIVER BIRCH AVE. OVIEDO, FL 32765 <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 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.

SIGNATURE: Mark A. Smith DATE 2-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #