

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000034118**

1. Entity Name  
**ONE SOURCE ATM, LLC**



Principal Place of Business  
**125 PINE CREEK TRAIL  
ORMOND BEACH, FL 32174**

Mailing Address  
**125 PINE CREEK TRAIL  
ORMOND BEACH, FL 32174**



04102006No Chg-LLC

CR2E093 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2089261**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PROVENZANO, NANCY E  
125 PINE CREEK TRAIL  
ORMOND BEACH, FL 32174**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

11070001505783  
04/26/06-80130-010 \$0.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PROVENZANO, NANCY E
STREET ADDRESS	125 PINE CREEK TR
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	PROVENZANO, ROBERT F
STREET ADDRESS	125 PINE CREEK TR
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Nancy E. Provenzano* **NANCY E. PROVENZANO** **4-10-2006** **386-6770531**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #