

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000001543

1. Entity Name
IMAGESOURCE, LLC



Principal Place of Business
**9 SE 9TH AVENUE
SUITE 1
FT LAUDERDALE, FL 33301 US**

Mailing Address
**9 SE 9TH AVENUE
SUITE 1
FT LAUDERDALE, FL 33301 US**



01032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0663796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD.
SUITE 1000
FT LAUDERDALE, FL 33301**

**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]*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE: **1/3/06**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
IMAGESOURCE OF MEMPHIS, LLC
9 NORTH 2ND STREET
MEMPHIS, TN 38103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000378597
01/09/06-80014-008 50.00

**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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #