

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90072 014 \*\*\*\*50.00

**DOCUMENT # L04000016722**

1. Entity Name  
RENTAL-SOURCE INTERNATIONAL, L.L.C.



Principal Place of Business  
1930-1 N COMMERCE PKWY  
WESTON, FL 33326

Mailing Address  
1930-1 N COMMERCE PKWY  
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

3101 Fairlane Farms Rd

3101 Fairlane Farms Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite #4

City & State

City & State

Wellington, FL

Wellington, FL

Zip

Zip

33414

33414

Country

Country

USA

USA

02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-0799997

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREY R. EISENSMITH, P.A.  
ONE FINANCIAL PLAZA, STE 1600  
FORT LAUDERDALE, FL 33394

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KONES, HENRY J PRES  
1930-1 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Kones, Henry J Pres  
3101 Fairlane Farms Rd, Suite 4  
Wellington, FL 33414 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Fairbairn, Marcel A  
3101 Fairlane Farms Rd, Suite 4  
Wellington, FL 33414 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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

Date

Daytime Phone #