

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082065

FILED
Feb 06, 2009
Secretary of State

Entity Name: LED SOURCE, L.L.C.

Current Principal Place of Business:

3101 FAIRLANE FARMS RD STE 4
WEST PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

3101 FAIRLANE FARMS RD STE 4
WEST PALM BEACH, FL 33414

New Mailing Address:

FEI Number: 20-3333291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENSMITH, JEFFREY R ESQ.
ONE FINANCIAL PLAZA, SUITE 1600
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAIRAIRN, MARCEL PRES
Address: 3101 FAIRLANE FARMS RD STE 4
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: VIETERI, CYNTHIA VP
Address: 3101 FAIRLANE FARMS RD STE 4
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: COOPER, GAVIN VP
Address: 3101 FAIRLANE FARMS RD STE 4
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCEL FAIRBAIRN

MR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date